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ABSTRACT

This curriculum module provides information and guidance on controlling communicable and infectious diseases in the childcare setting and is designed to fulfill the learning needs and licensing requirements of childcare providers in California. The curriculum provides 4 to 7 hours of training for childcare providers to be conducted by experienced health and safety trainers, childcare health consultants, and registered nurses or licensed physicians with professional experience in infection control and childcare knowledge and certification. The module's introductory remarks describe qualifications for trainers, discuss how the module is to be used, and list important topics to cover for trainers with a limited amount of time. The remainder of the training module is divided into four sections. Section 1 presents information on the ways disease is spread in childcare settings. Section 2 focuses on preventive health practices, including the daily morning health check, universal precautions, hand washing, garbage disposal, food safety, oral hygiene, and water supply. Section 3 highlights preventive health policies, including policies related to health history and immunization, providers' needs, health records, exclusion for illness, caring for children with mild illness, medications administration, and emergency illness. At the beginning of each section is a trainer sheet detailing the goal/rationale for the section, learning objectives, methods or learning strategies to be used; a list of materials and equipment required; and training time for each topic or section. Section 4 contains appendices with resources, forms/records/lists, information on specific diseases, and a 10-item bibliography. (KB)

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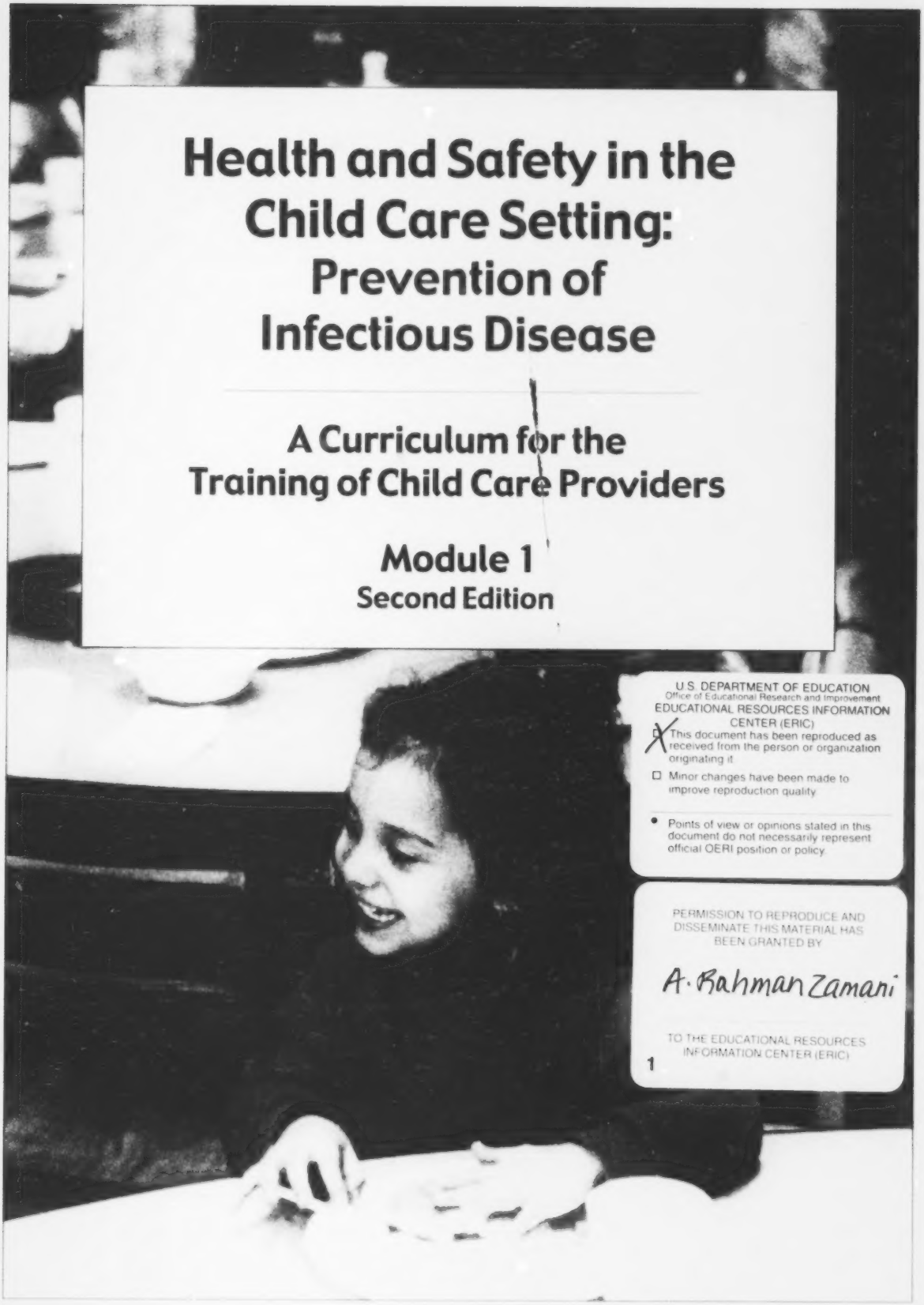

Health and Safety in the Child Care Setting: Prevention of Infectious Disease

A Curriculum for the Training of Child Care Providers

Module 1
Second Edition

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Health and Safety in the Child Care Setting: Prevention of Infectious Disease

A Curriculum for the Training of Child Care Providers

Module 1

Second Edition

CALIFORNIA CHILDCARE HEALTH PROGRAM

Developed by **The California Child Care Health Program**
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The California Child Care Health Program is a community-oriented, multidisciplinary team dedicated to enhancing the quality of child care for California's children by initializing and strengthening linkages among the health, safety and child care communities and the families they serve.

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American Public Health Association and American Academy of Pediatrics under a grant from the U.S. Health Resources and Services Administration. *Caring for Our Children- National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* Washington, DC: APHA & APA, due to be published 2001.

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Introduction

About the Curriculum

This curriculum was first published in June 1998 to be used by a qualified health and safety trainer to fulfill part of the learning needs and licensing requirements of child care providers (Health and Safety Code, Section 1596.866) in California.

The core content of the Health and Safety training (excluding pediatric CPR and First Aid) is arranged into the following two modules:

Module I	Prevention of Infectious Disease
Module II	Injury Prevention

Each module stands on its own and has its own educational objectives and handouts. Depending on the specific requirements (seven-hour version or broader version), a smaller or larger number of learning objectives can be selected and the sequence of modules changed, or the objectives may be modified. Contents of the curriculum and handouts are in agreement with the current child care licensing regulations in California.

This second and updated edition of Module I, "Prevention of Infectious Disease," covers the content of the Emergency Medical Services Authority Child Care 7 Hours Preventive Health and Safety Training Course and will provide information and guidance on how to control communicable and infectious disease in the child care setting. It also reflects current changes in the National Health and Safety Performance Standards for Out-of-Home Child Care Programs and new information on infectious disease.

By using this module, trainers and child care health consultants will be able to:

1. Increase awareness of the ways illnesses are spread in the child care setting and how to reduce this spread.
2. Encourage providers to accept responsibility for preventing the spread of disease in their child care setting.
3. Assist providers in establishing, developing and promoting written policies regarding health and safety in their child care setting.
4. Help providers to understand and follow universal precautions and other preventive health practices.
5. Provide materials that can be used as resources for child care providers as well as parents.
6. Connect child care providers with local health and safety resources.
7. Help child care providers understand how to protect themselves against exposure to infectious diseases including HIV/AIDS, CMV, and hepatitis B and C.

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Introduction

Trainer's Guide

Target Audience: Child care providers

Group Size: 15 to 20 (ideal)

Who Can Train? Experienced health and safety trainers, child care health consultants, and other registered nurses or licensed physicians with professional experience in infection control and child care knowledge and certification by the Emergency Medical Services Authority

Materials Needed: Handouts and overheads. The handouts, overheads and charts in this curriculum can be copied onto transparencies or copied for handouts to the students.

VCR and monitor (if showing video)

Overhead projector (if using transparencies)

Glo-Germ™ kit

Disposable gloves

Flip chart/chalkboard/whiteboard

Length of Training: Four to seven hours. Current California child care regulations require 15 hours of health and safety training—eight hours for CPR and First Aid and seven for prevention of infectious disease and injuries. The training in prevention of infectious disease is estimated to be four hours. This curriculum is designed to assist the trainer in meeting the requirement and in providing sufficient information and resources to broaden the training to seven hours or more. The amount and focus of material selected is to be determined by the trainer.

How to Use This Module

The target audience for this module is the child care community. This module is simple to use, and the subject can be taught easily through instructions and suggestions provided in the trainer sheets.

The module is divided into 5 sections:

- Section I: Understanding the Spread of Disease
- Section II: Preventive Health Practices
- Section III: Preventive Health Policies
- Section IV: Appendices

There is a **trainer sheet** at the beginning of each topic which covers goal/rationale, learning objectives, methods (learning strategies) to be used, materials and equipment required, and training time for each topic or section.

All handouts and overheads can be copied and distributed to participants. Some can be used as posters.

Providers with questions on child health issues are encouraged to contact the Child Care Healthline at (800) 333-3212, or their county child care health consultant or health department.

Including Parents in Creating a Healthy Environment

Parents are the primary teachers and role models for young children. When parents are asked what is the most important thing they look for when seeking child care, a healthy and safe environment is at the top of the list. With this in mind, child care providers must include parents in their efforts to create healthy environments and teach healthy habits to the children in their child care program

The child care providers enrolled in the health and safety class may be new providers or experienced providers who are taking the course for the first time or repeating the class to refresh their knowledge and assure they are up-to-date. Whatever their knowledge level is, they must be encouraged to communicate all health and safety messages in the curriculum to parents.

We have added a short time-slot at the end of each unit for the instructor to ask the class how and when they would communicate the concepts learned to the families of the children they care for. Please take sufficient time to do this. This will not only stimulate students' understanding of the importance of communicating with parents, but will also assure that they understand the concepts themselves. It is an excellent tool for review and reinforcement.

There are several important times and methods for communicating with parents, so please be sure these are discussed throughout the module:

- Communicate without judgement—do not criticize anyone's parenting skills
- Review all health and safety policies prior to enrollment of a child. The health and safety of their children is a top priority, so this review will reassure the parent that the provider will be working to promote the well-being of the children in their care.
- Communicate any changes in health and safety policies at parent meetings, by written notice in the primary language of the parent (when possible), and informally as you greet the parents at the beginning and end of the day.
- Communicate new knowledge gained on health and safety issues in newsletters, notes, handouts, posted information—any method you can think of that will reach a particular parent group.

All of these steps will demonstrate to the parents that the child care provider is working in the best interest of the children in their care.

Developmentally Appropriate Practices Must Be Considered When Teaching Children Healthy Habits

Developmentally appropriate practices are very much a part of any quality child care program. Child care providers should consider the level of ability of the children in their care in mind. As children develop differently, the actual age of the child is less important than the ability of the child to act and understand concepts and tasks.

Infants and toddlers whose hands must be washed after diaper-changing will need a different response depending on how independent they are. Some 24-month-olds may be able to step up to a sink, turn the water on and wash their hands with minimal supervision, while others need to be assisted at each step in the process. Both will probably want to spend a great deal of time learning from their play with the water.

Teach children in a positive and constructive manner. Children learn best from to consistent, clear, gentle and timely reminders that are pleasant and fun for them. For example, rather than irritably repeating "wash your hands," instead try singing a song about hand washing. Because children love to sing and respond well to positive reminders, your task will be easier and the children will feel good about themselves and the task of washing hands. Incorporating action songs and recommended procedures into the natural flow of the daily program makes it easier on everyone. Don't forget to have fun.

Important Topics to Cover

(for trainers with a limited amount of time)

For the participants to qualify for certificates, trainers shall cover the minimum core topics as part of the seven-hour Health and Safety Training. A trainer may include additional topics to meet the requirement based on the group's interests, needs, and amount of additional training time available.

SECTIONS	TOPICS	TIME (Minutes)
I. Spread of Infectious Disease	• Understanding the Spread of Disease	15-25
II. Preventive Health Practices	• The Daily Morning Health Check	10-25
	• Universal Precautions	10-15
	• Hand washing	15-25
	• Cleaning and Disinfecting	15-25
	• Disposable Gloves	08-15
	• Disposal of Garbage	05-10
	• Diapering/Toileting	10-25
	• Food Safety and Infant Feeding	15-25
	• Oral Hygiene	05-10
	• Open Space and Air Quality	10-20
	• Water Supply	05-10
	• Pets/Pests and Insects/Rodent Control	08-15
	• No Smoking or Use of Alcohol or Illegal drugs	05-10
III. Preventive Health Policies	• Health and Safety Policies	10-15
	• Health History and Immunization Policy for Children	10-15
	• Health History and Immunization Policy for Providers	10-15
	• Preventive Health Needs of Staff	10-15
	• Keeping Health Records	08-15
	• Exclusion for Illness Policy	08-15
	• Caring for Children with Mild Illness	10-15
	• Medication Administration Policy	10-15
	• Communicating about Illness in Child Care	10-15
	• Children with Special Needs	10-15
	• Emergency Illness and Injury Procedures	08-15
Total Training Time Recommended (*please see trainer's guide on page 3*)		4-7 hours

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Section 1

Understanding the Spread of Disease

- What Is a Communicable Disease?
- Why Do Children in the Child Care Setting Have More Illnesses?
- How Are Illnesses Spread?
- What Can You Do to Keep the Children and Yourself Healthy?
- How to Reduce the Spread of Illnesses through Direct Contact
- How to Reduce the Spread of Respiratory Illnesses
- How to Reduce the Spread of Infections through Stools
- How to Reduce the Spread of Diseases through Blood Contact
- Examples of How Some Childhood Infectious Diseases Are Spread

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Section 1

Understanding the Spread of Disease

Rationale: **Illnesses are common among young children, and those in the child care setting are likely to be two to three times more at risk of getting sick. This risk can be reduced through educating child care providers and creating a healthy environment.**

Time: 15-25 minutes

Learning Objectives:

Participants will be able to:

1. Understand what a communicable disease is
2. Know why children in the child care setting have more illnesses
3. Identify four major ways illnesses are spread
4. Know how to reduce the spread of common childhood illnesses

Teaching Methods/ Suggested Activities:

- **Icebreaking**: Ask providers to introduce themselves and say what diseases they expect to see in the child care setting.
- **Lecture**: Review the ways that diseases are spread in the child care setting. Review the factors that help to reduce the spread of common illnesses.
- **Questions/Answers**: Respond to any questions that the group may have, and ask questions and emphasize important points that highlight the important concepts.

Materials and Equipment Required:

- Handout #1.1: Understanding the Spread of Disease
- Handout #1.2: How to Reduce the Spread of Illnesses
- Handout #1.3: Example of How Some Childhood Infectious Diseases Are Spread
- Flip Chart/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments:

- Ask participants to identify factors (places, people and materials) in their child care setting that increase the risk of disease.
- Ask providers to describe the procedure that will reduce the spread of illnesses in the child care setting.
- Ask the class when they would communicate the concepts learned to the families whose children they care for.

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Handout #1.1

Section 1: Understanding the Spread of Disease

Infants and young children in child care have an increased rate of certain infectious disease and an increased risk of getting antibiotic-resistant organisms. Prevention of infectious disease in the child care setting will help families and child care providers improve their quality of life and save time, health care costs, and lost work.

What Is a Communicable Disease?

Illnesses caused by infection (invasion of the body) with specific germs such as viruses, bacteria, funguses, and parasites are called *infectious diseases. Communicable diseases* are those illnesses that can be spread from one person to another either directly or indirectly. Infectious diseases that commonly occur among children are often communicable and may spread very easily from person to person.

Most illnesses are contagious before their signs and symptoms appear. Some people may pass the germs without having the symptoms or continue passing them even after recovering from the illness.

Why Do Children in the Child Care Setting Have More Illnesses?

Anyone at any age can be infected with communicable illnesses, but young children are at greater risk because:

- They have not yet been exposed to many of the most common germs. Therefore, they have not yet built up resistance or immunity to them.
- They also have many habits that promote the spread of germs. For example, they often put their fingers, toys and other objects in their mouths. In this way, germs enter and leave the body and can then infect the child or be passed on to others.
- Close contact between a number of children in the child care setting increases exposure.

How Are Illnesses Spread?

Communicable diseases are spread from the source of infection to the exposed, vulnerable person (host). For this transmission to happen, three things are necessary.

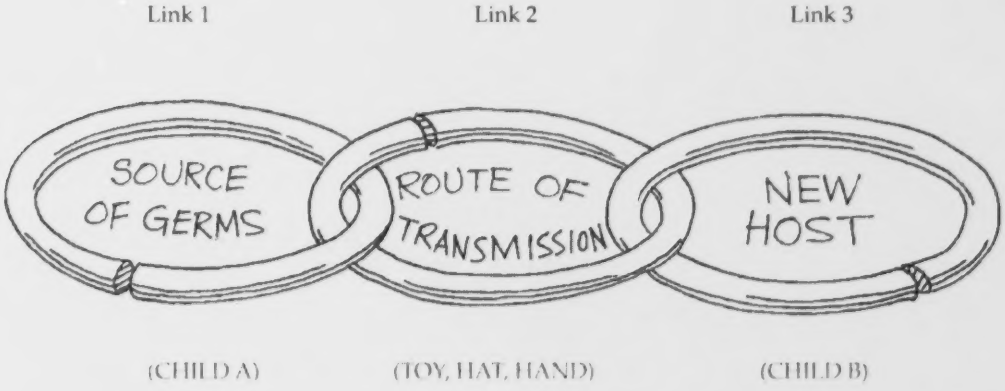
1. **Source** of germs must be present.
2. **Route or (ways)** of transmission along which germs can be carried must be present.
3. **A host or vulnerable person** who is not immune to the germ must be present and come in contact with the germs.

What Can You Do to Keep the Children and Yourself Healthy?

Break the chain of transmission by breaking at least one of the three links, although it is best to organize more than one method of control in order to reduce the transmission of infectious disease.

You can control the spread of communicable disease in three ways:

1. ***Attack the source*** of infection or the "first link" by identification, treatment and, if necessary, isolation of the sick person. In the child care setting this is accomplished by doing a morning health check/observation, and if necessary excluding ill children, referring them for medical care, and notifying health authorities when required.



2. ***Attack the route of transmission*** or the "second link" by personal and general hygiene, healthy practices, proper disinfection and environmental improvement. This means disinfecting toys and surfaces, using proper diapering techniques, hand washing, ventilation, etc.

3. ***Protect the vulnerable person*** or the "third link" through immunization, balanced nutrition, and healthy practices such as proper hand washing, etc.

Major Ways for the Spread of Illnesses or "Routes of Transmission"

1. **Through direct contact with the infected person's skin.**

Skin infections such as impetigo, ringworm, herpes simplex, scabies and head lice are examples of illnesses and infestations that may be spread by direct contact with infected skin area and fluid from infected sores or infested articles. Superficial bacteria, viral infections or parasites cause these illnesses. They are common, and are usually not serious. Because young children are constantly touching their surroundings and the people around them, these infections are easily spread among children and their caregivers in the child care setting.

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2. **Through the air or "respiratory transmission" (passing from the lungs, throat or nose of one person to another person through the air).**

Respiratory illnesses such as the common cold, measles, whooping cough, chickenpox, flu, meningitis, strep throat, etc., are all spread through microscopic, contagious droplets of fluids from the nose, eyes or throat. When an infected person talks, coughs, sneezes or blows his/her nose, infectious droplets get into the air where they can be breathed in by another person. Droplets can also land on hands or objects such as toys or food, and can be touched, mouthed or eaten by other persons. When the germs in these infected droplets come in contact with the nose, eyes or mouth of an uninfected person, they can multiply in his/her nose and throat and cause infection.

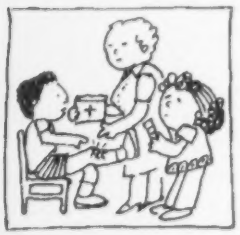
3. **Through Stool or "Fecal-Oral Transmission" (transfer of a germ from an infected person's stool into another person's mouth to infect him/her).**

Contagious diarrheal diseases (such as giardia, shigella, salmonella, campylobacter), hepatitis A, and polio are examples of illnesses that are usually spread through exposure to germs in the stool or by what is known as fecal-oral transmission. This means that germs leave the body of the infected person in their stool (bowel movement) and enter the body of another person through their mouth.

In most situations this happens when hands or objects such as toys which have become contaminated with undetectable amounts of stool are placed in the mouth. Transmission can also occur if food or water is contaminated with undetectable amounts of human or animal stool and then is eaten or drunk. Improperly prepared foods made from animals (for example, meat, milk and eggs) are often the source of infection with campylobacter, *E. coli* and salmonella. Some infections, such as salmonella and campylobacter, may be spread through direct exposure to infected animals.

4. **Through contact with blood and body fluids.**

Blood infections are spread when blood (and sometimes other body fluids such as urine and saliva) from a person with an infection gets into the bloodstream of an uninfected person.



Hepatitis B and C, CMV, and HIV/AIDS (Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome) are serious viral infections spread by contact with infected blood. These viruses can be spread when blood containing the virus enters the blood stream of another person. Spread can also occur when infected blood or body fluids comes in contact with skin that has open sores, is damaged by conditions such as eczema, or with a broken surface of the mucous membranes (such as the inside lining of the mouth, eyes, nose, rectum or genitals). An infected mother can also transmit these infections to her newborn infant. Once these viruses enter a person's body, they may stay for months or years. This person may appear to be healthy but can still spread the viruses.

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Handout #1.2

Section 1: Understanding the Spread of Disease

How to Reduce the Spread of Illnesses through Direct or Indirect Contact

To reduce the spread of superficial skin infections, follow these hand washing and cleanliness guidelines:

- Make sure staff and children wash their hands after contact with any body fluids. Wear disposable gloves when possible.
- Use free-flowing water for hand washing, if possible. Do not use basins or stoppered sinks, which can become contaminated with the germs.
- Use liquid soap dispensers whenever possible.
- Always use disposable tissues or towels for wiping and washing.
- Never use the same tissue or towel for more than one child.
- Dispose of used tissues and paper towels in a lined, covered step can which is kept away from food and child care materials.
- Wash and disinfect toys at least daily. Wash or vacuum frequently used surfaces (tables, counters, furniture and floors) in the program daily.
- Make sure that each child has his/her own crib or mat and does not switch.
- Do not allow children to share personal items such as combs, brushes, blankets, pillows, hats or clothing.
- Store each child's dirty clothing separately in plastic bags and send it home for laundering.
- Wash and cover sores, cuts or scrapes promptly and wipe away eye discharge.
- Report rashes, sores, running eyes and severe itching to the parent(s) so they can contact their health care provider(s).

How to Reduce the Spread of Respiratory Illnesses

Hand washing and cleanliness in the program are essential. You should:

- Ensure that staff and children wash their hands after wiping or blowing noses; after contact with any fluids from nose, throat, or eye; and before preparing or eating food.
- Not allow food or eating utensils to be shared.
- Wash and disinfect any mouthed toys and frequently used surfaces (such as tables) at least once daily.
- Wash eating utensils carefully in hot, soapy water; then disinfect and air dry. Use a dishwasher whenever possible.
- Use disposable cups whenever possible; when reusable cups must be used, wash them in hot, soapy water after each use.
- Air out the facility daily, even in winter, and encourage outdoor play.
- Teach children and staff to cough or sneeze into their elbow. If they sneeze or cough into a hand or tissue, they must properly dispose of the tissue and wash their hands.
- Wipe runny noses and eyes promptly, and wash hands afterwards.
- Use disposable towels/tissues.
- Dispose of towels/tissues contaminated with fluids from nose, throat or eye in a covered container with a plastic liner. Keep them away from food and materials used in child care.
- Not kiss on the lips; instead give big hugs or kisses on the forehead.

Handout #1.2

How to Reduce the Spread of Infections through Stools

Since children and staff who have digestive illnesses don't always feel sick or have diarrhea, the best method for preventing the spread of these diseases is to have a constant prevention program (universal precautions) in place at your program. The hepatitis A virus, rotavirus, and *giardia lamblia* cysts can all survive on surfaces for periods ranging from hours to weeks.

Practice the following:

- ***Strict enforcement*** of all hand washing for adults and children.
- ***Environmental sanitation*** with focus on diapering, toileting and food preparation areas.
- ***Exclusion guidelines***: Excluded children and staff may come back after treatment and when the consistency of diarrhea improves and can be contained by the diaper or pants, or with approval of the child's health provider.

How to Reduce the Spread of Diseases through Contact with Blood and Other Body Fluids

You should *treat all blood and body fluids as if they were contagious.* Always wear protective gloves when handling blood or body fluids containing blood. If gloves are not available, maintain a barrier between the blood and one's hand through the use of thick towels or gauze.

Prevention is critical! **Transmission of illnesses spread through blood is very rare in the child care setting, and illnesses such as HIV/AIDS are not spread by casual, daily contact with infected persons. However, HIV can be transmitted where there is blood contact. For example:**

A. *Touching blood* while giving first aid with hands or body surfaces that have cuts or open sores

B. *Collision accidents* where the skin of both people is broken and blood is exchanged

C. *Cleaning up blood* after an accident with hands that have cuts or open sores

D. *Biting.* The only way blood-to-blood exchange can happen through biting is for the following events to occur:

1. There is an injury to the mouth of the biter.
2. The bite creates a wound so serious that the skin is broken and blood flows.
3. Blood is exchanged.
4. One of the children involved is infected with HIV.

The infection control practices listed below should be followed for all children, whether or not they are infected with bloodborne illnesses.

- Proper hand washing
- Proper use of gloves
- Proper disposal of waste and contaminated materials such as gloves, paper towels and bandages
- Proper disinfection and cleaning with bleach solution
- Proper care of soiled clothing
- Immunization for all children and staff against Hepatitis B
- Teaching all children not to touch any blood except their own

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Handout #1.3

Section 1: Understanding the Spread of Disease

Examples of How Some Childhood Infectious Diseases Are Spread

Through Air or Respiratory Transmission:

How the disease is spread	Behaviors that spread	Examples of diseases	Possible symptoms
• Breathing germs in the air • Contact with infected saliva and mucus	• Coughing or sneezing into the air • Kissing on the mouth • Sharing mouthed toys • Wiping noses without thorough hand washing • Poor ventilation	• Cold • Flu • Measles • Pink eye • Chickenpox • Tuberculosis (TB)	• Coughing • Fever • Rash • Runny nose • Sore throat • Earache

Through Stool or Fecal-Oral Transmission:

How the disease is spread	Behaviors that spread	Examples of diseases	Possible symptoms
• Mouth contact with items and hands contaminated by infected stool	• Diapering and toileting or food preparation without thorough hand washing • Sharing mouthed toys • Unsafe food preparation • Not disinfecting diapering areas	• Salmonella • Shigella • Giardia • Pinworms • Hand, foot and mouth disease • Hepatitis A • Polio • *E. coli*	• Stomach ache • Nausea • Vomiting • Diarrhea

Through Direct Contact:

How the disease is spread	Behaviors that spread	Examples of diseases	Possible symptoms
• Contact with infected hair, skin and objects	• Touching skin or hair which is infected • Sharing clothing, hats and brushes which are infected	• Herpes • Ringworm • Scabies • Head lice • Impetigo • Chickenpox	• Rash • Oozing sores • Itching • Visible nits or eggs

Through Contact with Blood and Bodily Fluids:

How the disease is spread	Behaviors that spread	Examples of diseases	Possible symptoms
• Contact with infected blood and sometimes other body fluids	• Sexual contact • Changing bloody diapers without gloves • Providing first aid without gloves • Getting infected blood or body fluids into broken skin, eyes or mouth	• HIV/AIDS • Hepatitis B & C • Cytomegalovirus (CMV) • Herpes	• Fatigue • Weight loss • Yellow skin • Weakened immune system

CC HP

Section 2

Preventive Health Practices

- The Daily Morning Health Check
- Universal Precautions
- Hand Washing
- Cleaning and Disinfecting
- Disposable Gloves
- Disposal of Garbage
- Diapering and Toileting
- Food Safety
- Oral Hygiene
- Open Space and Air Quality
- Water Supply
- Pets and Pests
- Keeping Sand Boxes and Sand Play Areas Safe
- No Smoking or Use of Alcohol or Illegal Drugs

CC HP

Section 2

The Daily Morning Health Check

Rationale: **Daily morning health checks help the provider to make a judgment about what is normal for each child and to identify problems early. Discovering recent illness in children and their families reduces the transmission of communicable diseases in child care settings.**

Time: 10-25 minutes

Learning Objectives:

Participants will be able to:

1. Describe why a morning health check is necessary
2. Understand when to perform the check
3. Show how to perform a morning health check

Teaching Methods/ Suggested Activities:

- **Brainstorming:** Ask providers to list the signs to be observed when conducting a morning health check, and review the symptoms that require exclusion from child care.
- **Role play**: Have participants role play a morning health check and practice making a decision on whether to include or exclude a child from care that day. Have one participant role play a mother who is eager to leave her child and get to work. The other participant should role play the child care provider.
- **Lecture**: Review the steps that can be taken to avoid the spread of infections in the child care setting.
- **Questions/Answers**: Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #2: The Daily Morning Health Check
- Overhead #2: The Morning Health Check
- Flip Chart/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments:

- The morning health check should be done every day on every child before the parent leaves the child care facility.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.

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Handout #2

The Daily Morning Health Check

Perform a quick health assessment of each child **every** day upon arrival and before the parent leaves. This allows you to make a judgment about what is normal or not for each child, rather than to diagnose an illness. It also identifies problems early.

Providers should do their quick check not in a formal exam routine, but as a casual observation of the child in their initial contact as they welcome the child. You are checking easily observable, simple signs of well-being. A health check is not a medical examination. It is not the way to enforce your policies with a parent. It is not a way to find reasons to exclude children. Exclusion of a child may result from a quick check observation and your follow-up, but your goal is to know your children better and to provide good care.

In a child care setting where lots of people are coming at the same time, it is hard to take a moment with each child. However, this welcoming routine can establish many things and is good child development policy. This contact will help you better understand each child, help the children feel comfortable and good about themselves, reduce the spread of illness by excluding children with obvious signs of illness, and foster better communications with parents.

Signs to Observe

When conducting a morning health check, you should watch for the following:

- General mood and changes in behavior (happy, sad, cranky, sluggish, sleepy, unusual behavior)
- Fever or elevated body temperature (if there is a change in child's behavior or appearance)
- Skin rashes, itchy skin, or itchy scalp, unusual spots, swelling or bruises
- Complaints of pain and not feeling well
- Other signs and symptoms of disease (such as severe coughing, sneezing, breathing difficulties, discharge from nose, ears or eyes, diarrhea, vomiting and so on)
- Reported illness in child or family members since last date of attendance

Use All Your Senses to Check for Signs of Illness

Listen to what the child and parents tell you about how the child is feeling. Is the child's voice hoarse, is he having trouble breathing, or is he coughing?
Look at the child from her level. Observe for signs of crankiness, pain, discomfort or being tired. Does the child look pale, have a rash or sores, a runny nose or eyes?
Feel the child's cheek and neck for warmth, clamminess or bumps as a casual way of greeting.
Smell the child for unusual odor in their breath, diaper or stool.

Using Findings to Make Decisions

If you have concerns about how a particular child looks or feels, discuss them with the parent right then. Perhaps the parent needs to take the child home. If you decide that the child will remain, be sure to discuss how you will care for the child and at what point you will call the parent. It is your decision, not the parent's, whether the program will accept responsibility for the ill child. If the child stays all day, make sure you inform the parent about changes in the child's health status. Simple information about activity level, appetite, food intake, bowel movements and nap-time can be invaluable to the family.

Contrary to popular belief and practice, only a few illnesses require exclusion of sick children to ensure protection of other children and staff (see Exclusion for Illness Policy, page 85).

When your child care setting agrees to allows mildly ill children to attend, take these steps to better meet their needs, and be sure to follow California regulations:

- Maintain a small room or area where they can spend quiet time while being supervised.
- Assign one staff person to remain with these children when others go outside.

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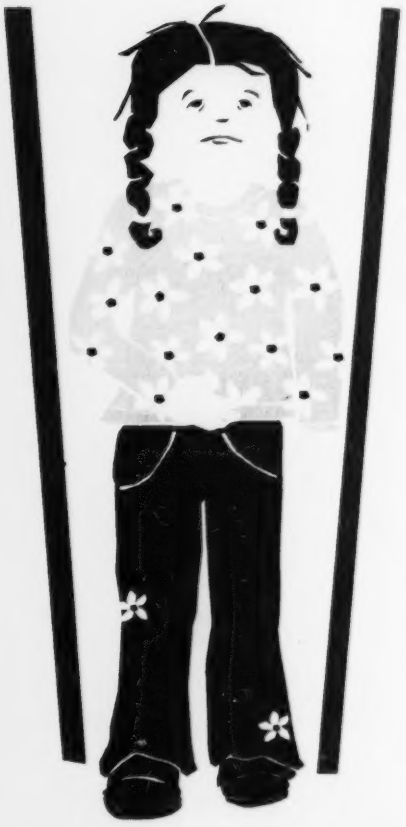
Overhead 2

The Morning Health Check



Signs to Observe

- General mood and changes in behavior
- Fever or elevated body temperature
- Skin rashes, unusual spots, swelling or bruises
- Complaints of pain and not feeling well
- Signs/symptoms of disease (severe coughing, sneezing, breathing difficulties, discharge from nose, ears or eyes, diarrhea, vomiting etc.)
- Reported illness in child or family members

Use all of your senses . . .

- **LOOK** - for signs
- **LISTEN** - for complaints
- **FEEL** - for fever
- **SMELL** - for unusual odor

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Section 2

Universal Precautions

Rationale: **Germs responsible for common illnesses in child care settings have been spreading for days before children appear ill. The spread of communicable disease during your contact with bodily fluids and wastes that carry germs can be prevented if you practice proper infection control methods called "Universal Precautions."**

Time: 10-15 minutes

Learning Objectives:

Participants will be able to:

1. Understand the techniques of infection control
2. Understand the need for using universal precautions all the time

Teaching Methods/ Suggested Activities:

- **Brainstorming**: Ask providers to list the steps they will take to care for a child who is bleeding.
- **Lecture**: Review the basic techniques of infection control and the procedures for handling blood and other bodily fluids. Correct any misconceptions that were named by the group.
- **Questions/Answers**: Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #3: Universal Precautions
- Flip Chart/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments:

- Discuss the importance of the hepatitis B vaccine in the case of blood-to-blood exposure.
- Always encourage, supervise and support children in caring for their own wounds.
- Ask participants to think of ways that blood-to-blood contact can occur in a child care setting.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.

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Handout #3

Universal Precautions

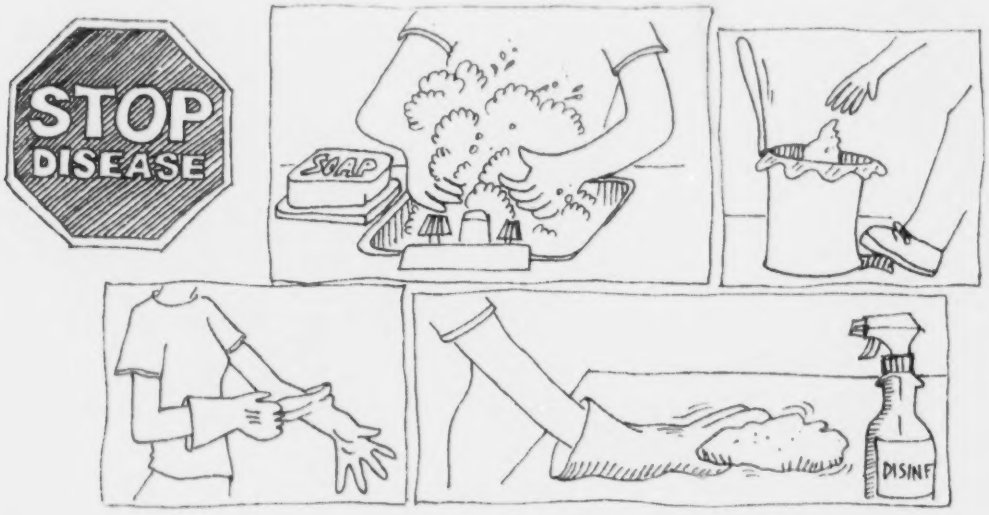
Faced with concerns about the spread of serious infections, hospitals and health centers have begun using a successful technique that is also appropriate for child care settings. Rather than waiting to find out who is contagious, they treat everyone as a potentially infected person. The name of this infection control method is "universal precautions," and it gives a set of guidelines to follow when you come into contact with body fluids and wastes that carry germs. It is not a lot of extra work and it really pays off.

Many of us in child care are used to reacting to infections only when we notice the signs or symptoms of illness. We then rely on exclusion policies to control disease. But the germs causing disease have been spreading for days before children appear ill. Illnesses like colds, diarrhea, and skin and eye infections are often contagious 3-10 days before you might notice symptoms. Hepatitis and HIV/AIDS take an even longer period to develop symptoms.

To effectively prevent the spread of communicable disease, the Occupational Safety and Health Administration (OSHA) requires workers who might come into contact with blood and other body fluids to practice the following infection control practices at all times with everyone:

1. **Hand washing**
2. **Use of latex gloves**
3. **Environmental disinfection**
4. **Proper disposal of waste materials**

OSHA requires a facility plan and annual training of staff members who may be exposed to blood as a condition of their employment. These rules apply only to child care workers who are employees.



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Section 2

Hand Washing

Rationale: **Hand washing is the most important infection control measure to prevent illness in yourself and the children you care for. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. When providers, children and parents wash their hands at the proper times and with the proper technique, the amount of illness in child care can be drastically reduced.**

Time: **15-25 minutes**

Learning Objectives:

Participants will be able to:

1. Understand proper procedures for hand washing
2. Know when adults and children should wash their hands
3. Identify the reasons why hand washing is not done properly, and develop strategies to improve hand washing

Teaching Methods/ Suggested Activities:

- **Brainstorming:** Ask participants to call out times when hands should be washed. Make two lists: one for adults and one for children.
- **Practice:** Apply Glo Germ™ and have participants wash their hands. Determine if the hands are washed properly, and demonstrate the presence of germs if not.
- **Lecture/Video:** Review the proper steps in hand washing. Review the times when adults and children should wash their hands.
- **Questions/Answers:** Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #4.1: Hand Washing
- Handout #4.2: Hand Washing Song
- Overhead #4: Hand Washing
- Flip Chart/Chalkboard/Whiteboard
- Glo-Germ™ Kit
- Overhead Projector (if using transparencies)
- VCR and Monitor (if showing video)

Questions/Comments:

- Stress proper hand washing techniques: using running water which drains out; using soap (liquid soap preferred); rubbing hands together to remove germs; and turning off water with a paper towel to avoid recontamination of hands.
- When renovating or building child care facilities, consider installing sinks with faucets operated by elbow, knee or foot pedals, or by electronic sensors.
- Suggested video: *Keeping Kids Healthy/ Caring for Our Children video series, Part - 3* (see Resources).

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Handout #4.1

Hand Washing

Hand washing is the most important infection control measure to prevent illness in yourself and the children you care for.

When *caregivers, children* and *parents* wash their hands at the proper times and with the proper technique, the amount of illness in child care can be drastically reduced.

You may want to use *liquid soap* in your child care setting, as it is both easier and cheaper to use for hand washing. Bar soap is often left sitting in a pool of water, especially when many people are using it frequently. A soap bar, which is always wet, is a good place for germs to grow and multiply.

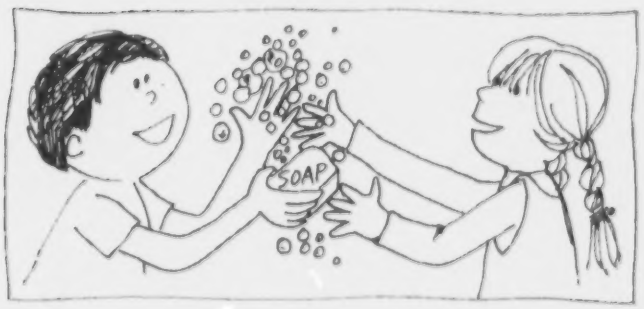
When Should Hands Be Washed?

When and *how often* hands are washed is more important than what they are washed with.

Caregivers, children and parents should wash their hands upon arrival at the program, and at least:

Before and After
- Eating/drinking or handling food
- Feeding a child
- Giving medication (particularly eye drops/ointment, etc.)
- Playing in water that is used by more than one person

After
- Toileting, diapering and assisting a child in the toilet
- Handling body fluids such as blood, urine, stool, vomit, saliva, mucus, etc. (including wiping noses)
- Cleaning up or handling garbage
- Playing or working outdoors
- Handling pets and other animals, their cages, or other pet objects
- Touching sick children, especially those with skin lesions
- Handling uncooked food, especially raw meat and poultry
- Removing gloves used for any purpose
- Hands are visibly dirty



Handout #4.1

Most Important Concepts about Hand Washing

The most important concepts to remember about hand washing are:

1. You must use running water which drains out—not a stoppered sink or container. A container of water spreads germs!

2. You must use soap, preferably liquid.

3. Antibacterial soap is not required or necessary because:

    - Both bacteria and viruses are common causes of illnesses, and antibacterial soaps are designed to kill bacteria—not viruses or fungus.
    - They are not usually applied in a way that allows them to work properly, since they are not left on the skin long enough before being rinsed off.
    - Studies have shown that there is little or no evidence of the antibacterial products offering any additional protection against bacteria. On the contrary, antibacterial products may add to the existing problem of antibiotic-resistant bacteria.

4. You must rub your hands together for at least 10 seconds. This helps remove the germs. Rinse hands well under running water until all the soil and soap are gone.

5. You must turn off the faucet with a paper towel. The faucet is considered "dirty" at all times. If you touch it with clean hands, you will be recontaminated. Ideally, then throw the paper towel into a lined, covered trash container with a foot pedal.

6. Frequent hand washing can worsen sores and cuts on the hands or cause cracked, dry skin. These areas are hard to clean and can contain germs. Cuts should be washed well with soap and water and kept covered with a dry, clean bandage. Having hand lotion at the sink for staff who must frequently wash their hands is a good way to prevent skin dryness and cracking.

7. When assisting a child in hand washing, either hold the child (if an infant) or have the child stand on a safety step at a height at which the child's hands can hang freely under the running water. Assist the child in performing all the steps for proper hand washing and then wash your own hands.

8. Hot water is not necessary, but warm water can be used for comfort and will help increase duration of hand washing.

Children love water play. If you make hand washing a pleasant time (sing songs such as "Wash, wash, wash your hands," etc.), they will be more willing to wash regularly.

Ideally, sinks should be located near all toileting and food areas. Locate your diapering area next to a sink whenever possible. If you are renovating or building new space, consider installing a sink with a knee or elbow faucet handle to avoid the concerns of recontaminating hands.

Teach the children in your care good hand washing practices. Be sure that their hands are washed when they arrive at the child care setting, before they eat or drink, after they use the toilet or have their diapers changed, and after they've touched a child who may be sick.

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Handout #4.2

Hand Washing Song

HAND WASHING SONG

Ask children to sing this song to the tune of "Row, Row, Row Your Boat" while washing their hands. If children wash their hands with soap under running water during the time it takes to sing this song, they will have thoroughly cleaned them.

Wash, wash, wash your hands
Play our handy game.
Rub and scrub, and scrub and rub.
Germs go down the drain. HEY!

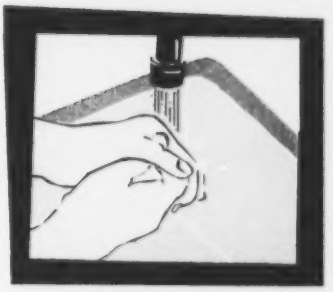
Wash, wash, wash your hands
Play our handy game.
Rub and scrub, and scrub and rub.
Dirt goes down the drain. HEY!

CC HP

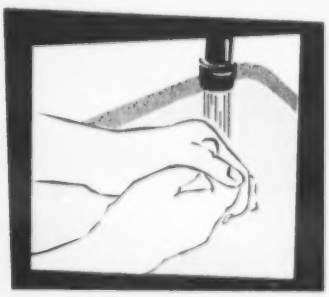
Overhead 4

Hand Washing

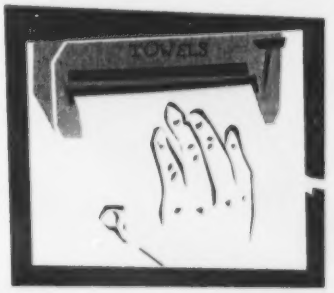
1. Wet hands and apply soap. Use warm running water which drains out. Liquid soap is best.



2. Rub your hands together vigorously for at least 10 seconds. Scrub all surfaces including back of hands, wrists, between and under fingernails.



3. Rinse hands well under running water until all the soil and soap are gone.



4. Dry hands with a fresh paper towel.

5. Turn off water with a paper towel. You must turn off the faucet with a paper towel—not with your clean hands.

6. Discard the used paper towels into a covered trash container with a foot pedal, lined with a fluid-resistant (plastic) bag.

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Section 2

Cleaning and Disinfecting

Rationale: **To keep germs from spreading in the child care setting and to create a sanitary and hygienic environment, surfaces and objects should be cleaned and disinfected on a regular basis.**

Time: **15-25 minutes**

Learning Objectives:

Participants will be able to:

1. Understand the importance of cleaning and disinfecting
2. Describe how to prepare bleach disinfecting solution
3. Know when and how to clean and disinfect different surfaces

Teaching Methods/ Suggested Activities:

- **Brainstorming:** Ask participants to list the surfaces that are most likely to become very contaminated with germs.
- **Lecture/Video:** Review the methods for preparing bleach solutions and when to use varying strengths of these solutions. Review when to clean and disinfect surfaces.
- **Demonstration:** Demonstrate how to clean and disinfect surfaces.
- **Questions/Answers:** Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #5.1: Cleaning and Disinfecting
- Handout #5.2: Common Disinfectants Used at Home
- Handout #5.3: Schedule for Cleaning and Disinfecting
- Handout #5.4: Preparing Bleach Solution
- Overhead #5: General Recommendations for Cleaning and Disinfecting
- Flip Chart/Chalkboard/Whiteboard
- VCR and Monitor (if showing video)
- Bleach Solution (opaque spray bottle)
- Overhead Projector (if using transparencies)

Questions/Comments:

- Clarify the difference between cleaning and disinfecting.
- Stress the importance of cleaning *before* disinfecting, and of preparing a fresh solution daily.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.
- Suggested video: *Caring for Our Children* video series, Part 3 (see resources).

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Handout #5.1

Cleaning and Disinfecting

It is inevitable that germs will spread to surfaces and objects after being soiled with blood or bodily fluids such as stool, urine, vomit, mucus, saliva, human milk, etc. To prevent the spread of germs and create a sanitary and hygienic environment for children, you need to regularly clean and disinfect those surfaces and objects.

Are Cleaning and Disinfecting the Same?

Cleaning and disinfecting are not the same. You need to do both to keep germs from spreading .

Cleaning gets rid of the dirt you can see. Routine cleaning with soap and water is the most useful method for removing germs from surfaces in the child care setting. Good cleaning (scrubbing with soap and water) physically reduces the number of germs from the surface, just as hand washing reduces the number of germs from the hands. However, some items and surfaces should receive an additional step, *disinfection,* to kill germs after cleaning with soap and rinsing with clear water.

Disinfecting or sanitizing means cleaning with a bleach solution (or other approved disinfectant) to kill and get rid of most of the germs you cannot see but which remain on surfaces after cleaning.

The disinfection process uses chemicals that are stronger than soap and water, and will destroy and reduce the number of germs. It usually requires soaking or wetting the item for several minutes to give the chemical time to kill the remaining germs.

Items that can be washed in a *dishwasher* or *hot cycle of a washing machine* do not have to be disinfected because these machines use water that is hot enough for a long enough period of time to kill most germs.

Surfaces considered most likely to be contaminated are those with which children are most likely to have close contact. These include toys that children put in their mouths, crib rails, food preparation areas, and surfaces likely to become very contaminated with germs, such as diaper-changing areas. Sinks and sponges are the worst.

What Disinfectants Should Be Used?

A disinfectant is a chemical used to destroy harmful germs. One of the most commonly used chemicals for disinfection in child care settings is a *homemade solution of household bleach and water.* Bleach is cheap and easy to get. The solution of bleach and water is easy to mix, nontoxic, safe if handled properly, and kills most germs.

Other commercial products that meet the Environmental Protection Agency's (EPA's) standards for hospitals may be used for the purpose of disinfection.

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Handout #5.2

Cleaning and Disinfecting

Common Disinfectants Used at Home

Chemical Name	Examples of Trade Products Using These Chemicals	Uses*/Advantages/Disadvantages
Orthophenyl phenolics Phenyl phenol Benzyl-p-chlorophenol	Lysol Pheno-Cen Ves-Phene Staphene	• May be used on floors and walls, but do not use in kitchens, on toys, or on objects that people put in their mouths. • May be used with detergents. • Inadequately diluted solutions are associated with hyperbilirubinemia in infants. • Can be irritating to skin and other body tissues.
Chlorine bleach Sodium hypochlorite	Clorox Purex Household bleach	• May be used on all surfaces, providing that the correct dilution is used. • Are corrosive to metal and damaging to plastics and rubber. • Bleach solutions should be made fresh daily. • Work best when surface dirt or other extraneous material has been removed. • Less effective when mixed with soap, detergents or alkaline chemicals. • Do not mix with ammonia, vinegar, or rust removers. • Leaves no residue. • Are the least expensive.
Quaternary Ammonias Benzalkonium chloride Dimethylbenzyl ammonium chloride	San-O-Six Clean-N-San D/S/O Tri-Quat Mytar Sage	• Are made less effective when a residue of soap is present on surface. • May be used on kitchen floors. • Are relatively nontoxic. • Are not as effective at destroying some types of bacteria such as bleach, phenols, or alcohol.
Alcohol (70% - 90%)	Ethyl Alcohol Isopropyl Alcohol	• Leaves no residue. • May be used on skin as well as hard surfaces. • Dries skin. • Over the long term may harden rubber and plastic. • Requires 10 to 15 minutes of exposure.
Pine oil cleaners	Pinesol Murphy's Oil Soap	• Pleasant odor may mask housekeeping problems. • Are ineffective against staph infections. • Are less effective at killing some bacteria than phenols, chlorine bleach and alcohols.

**Follow the manufacturer's guidelines to determine the correct application techniques and dilution.*

(From Child Care Infection Control Guide. *Seattle-Kings County Department of Public Health, Child Care Health Program, 1994)*

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Handout #5.3

Cleaning and Disinfecting

Schedule for Cleaning and Disinfecting

Area	Clean	Disinfect	Frequency
Classrooms/Child Care/Food Areas			
Countertops/tabletops	X	X	Daily and when soiled.
Food preparation and service surfaces	X	X	Before and after contact with food activity; between preparation of raw and cooked foods.
Floors	X	X	Daily and when soiled.
Door and cabinet handles	X	X	Daily and when soiled.
Carpets and large area rugs Clean with a carpet cleaning	X		Vacuum daily when children are not present. Method approved by the local health authority. Clean carpets only when children are not present until the carpet is dry. Clean carpets at least monthly in infant areas, at least every 3 months in other areas and when soiled.
Small rugs	X		Shake outdoors or vacuum daily. Launder weekly.
Utensils, surfaces and toys that go into mouth or have been in contact with saliva or other body fluids	X	X	After each child's use, or use disposable, the one-use utensils or toys.
Toys that are not contaminated with body fluids	X		Weekly.
Dress and clothes not worn on the head	X		Weekly.
Sheets and pillowcases, individual cloth towels (if used), combs and hairbrushes, washcloths and machine-washable cloth toys (none of these items should be shared among children)	X		Weekly and when visibly soiled.
Blankets, sleeping bags	X		Monthly and when soiled.
Hats	X		After each child's use.
Cubbies	X		Weekly.
Cribs	X		Weekly.
Toilet areas			
Hand-washing sinks, faucets, surrounding counters	X	X	Daily and when soiled.
Soap dispensers	X	X	When being refilled and when soiled.
Toilet seats, toilet handles, door knobs or cubicle handles, floors	X	X	Daily, or immediately if visibly soiled.
Toilet bowls	X	X	Daily.
Door knobs	X	X	Daily.
Changing tables	X	X	After each child's use.
Potty chairs (Use of potty chairs in child care is discouraged because of high risk of contamination	X	X	After each child's use.
Any surface contaminated with body fluids: saliva, mucus, vomit, urine, stool or blood	X	X	Immediately.

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Handout #5.4

Cleaning and Disinfecting

Preparing Bleach Solution

The standard recommended bleach solution is 1/4 cup bleach to one gallon water, or mix 1 tablespoon bleach in 1 quart water. *Use this solution for routine, everyday cleaning and disinfecting of items and surfaces, table tops, toys, eating utensils and plates.*

For certain types of heavily contaminated or very high-risk body fluids, *a strong bleach solution of one part bleach to ten parts water is necessary (e.g., one cup bleach in ten cups of water).* Use this stronger solution, which might gradually eat away some surfaces or cause excessive wear if used routinely, in the following situations:

- To clean and disinfect all *blood spills* or blood-contaminated items.
- To clean and disinfect *gross contamination with body fluids,* such as large amounts of vomit or feces. (This is not necessary for removing traces of feces or urine from a changing table or small amounts of "spit-up" from a high-chair tray.)

You must use your judgment to decide which strength is needed. The use of rubber gloves is recommended whenever you must clean areas contaminated with body fluids.

You do not need to buy commercially sold disinfectants, since either of these recommended bleach solutions can be made easily at very little cost. *However, you do need to make any bleach solution each day* because bleach loses its strength (and thus its effectiveness) as it is exposed to air. It is best to store it in a carefully labelled spray bottle.

Recipe for Bleach Disinfecting Solution
(for use in bathrooms, diapering areas, etc.)

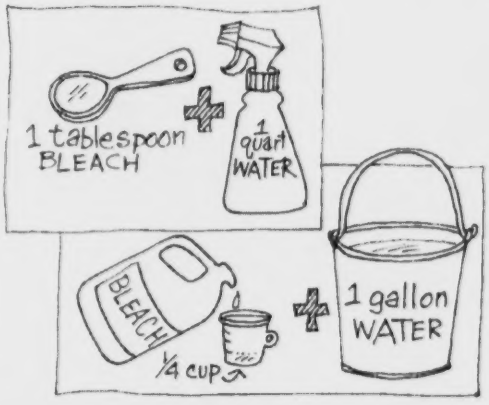
1/4 cup of bleach
1 gallon of cool water
OR
1 tablespoon of bleach
1 quart of cool water

Add the household bleach
(5.25 % sodium hypochlorite)
to the water.

Recipe for Weaker Bleach Disinfecting Solution
(for use on toys, eating utensils, etc.)

1 tablespoon of bleach
1 gallon of cool water

Add the bleach to the water.



The National Health and Safety Performance Standards: Guidelines for Out-of-Home Care programs recommends using household bleach with water. It is effective, economical, convenient and readily available. However, it should be used with caution on metal and metallic surfaces. If you use a commercial (brand-name) disinfectant, read the label and always follow the manufacturer's instructions exactly.

Handout #5.5

Cleaning and Disinfecting

GENERAL RECOMMENDATIONS FOR CLEANING AND DISINFECTING

1. Items which get daily use should be washed and disinfected daily. Heavily soiled areas need longer contact time with the disinfecting solution.

2. After cleaning and disinfecting, air dry all items before returning them to the setting.

3. Paper towels are the cleaning tools with the least risk for spreading infections, but only use them once. Sponges and handy wipes give germs the two things they need most to grow: moisture and food sources.

4. Include children whenever possible in hand washing and the cleaning of table tops and chairs.

5. Pour or dump all liquids or solutions used for cleaning and disinfecting into a closed disposal system, i.e. flush them down the toilet.

6. Wash and disinfect mops and other cleaning materials daily.

All surfaces, furnishings and equipment that are not in good repair or require cleaning and disinfecting need to be taken out of service until they can be cleaned and disinfected effectively.

Washing and Disinfecting Diaper Changing Areas

Diaper changing areas should:

- Only be used for changing diapers
- Be smooth and nonporous, such as formica (NOT wood) or a plastic-covered pad
- Have a raised edge or low "fence" around the area to prevent a child from falling off
- Be next to a sink with running water
- Be easily accessible to providers
- Be out of reach of children
- Not be used to prepare food, mix formula, or rinse pacifiers

Diaper changing areas should be cleaned and disinfected after each diaper change as follows:

1. Clean the surface with soap and water, and rinse with clear water to reduce the number of germs on the surface.
2. Dry the surface with a paper towel.
3. Thoroughly wet the surface with the recommended bleach solution.
4. Air dry. Do not wipe. This will give the chemicals time to kill the remaining germs.

Washing and Disinfecting Toilets, Seats, Hand washing Sinks, Faucets, Doorknobs

Bathroom surfaces, such as faucet handles and toilet seats, should be washed and disinfected several times a day if possible, but at least once a day or when soiled.

The bleach and water solution, chlorine-containing scouring powders or other commercial, bathroom surface cleaners/disinfectants can be used in these areas. Surfaces that infants and young toddlers are likely to touch or mouth, such as crib rails, should be washed with soap and water and disinfected with a nontoxic disinfectant, such as bleach solution, at least once every day and more often if visibly soiled.

After the surface has been drenched or soaked with the disinfectant for at least 10 minutes, surfaces likely to be mouthed should be thoroughly wiped with a fresh towel moistened with tap water. Be sure not to use a toxic cleaner on surfaces likely to be mouthed. Floors, low shelves, door knobs and other surfaces often touched by children wearing diapers, should be washed and disinfected at least once a day and whenever soiled.

Washing and Disinfecting Toys

- Whenever possible, infants and toddlers should not share toys. Toys that children (particularly infants and toddlers) put in their mouths should be washed and disinfected between uses by individual children. Toys for infants and toddlers should be chosen with this in mind. If you can't wash a toy, it probably is not appropriate for an infant or toddler.
- When an infant or toddler finishes playing with a toy, you should retrieve it from the play area and put it in a bin reserved for dirty toys. This bin should be out of reach of the children. Toys can be washed at a later, more convenient time, and then transferred to a bin for clean toys and safely reused by other children.

To wash and disinfect a hard plastic toy:

- Scrub the toy in warm, soapy water. Use a brush to reach into the crevices.
- Rinse the toy in clean water.
- Put the toy in bleach solution (see above) and allow it to soak in the solution for 10-20 minutes.
- Remove the toy from the bleach solution and rinse well in cool water.
- Air dry.

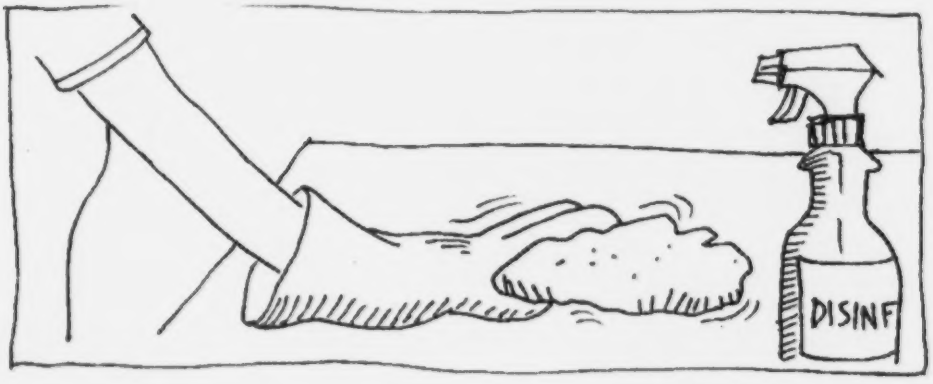
- Hard plastic toys that are washed in a dishwasher, or cloth toys washed in the hot water cycle of a washing machine, do not need to be additionally disinfected.
- Children in diapers should only have washable toys. Each group of children should have its own toys. Toys should not be shared with other groups.
- Stuffed toys used only by a single child should be cleaned in a washing machine every week, or more frequently if heavily soiled.
- Toys and equipment used by older children and not put into their mouths should be cleaned at least weekly and when obviously soiled. A soap and water wash followed by clear water rinsing and air drying should be adequate. No disinfection is required. (These types of toys and equipment include blocks, dolls, tricycles, trucks and other similar toys.)
- Clean and disinfect brushes used to clean toys.
- Do not use wading pools, especially for children in diapers.

Handout #5.5

Cleaning up Body Fluid Spills

Spills of body fluids, including blood, feces, nasal and eye discharges, saliva, urine and vomit should be cleaned up immediately.

- Wear gloves unless the fluid can be easily contained by the material (*e.g.*, paper tissue or cloth) being used to clean it up. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.
- Clean and disinfect any surfaces, such as countertops and floors, on which body fluids have been spilled.
- Discard fluid-contaminated material in a plastic bag that has been securely sealed.
- Mops used to clean up body fluids should be:
  (1) cleaned
  (2) rinsed with a disinfecting solution
  (3) wrung as dry as possible
  (4) hung to dry completely
- Be sure to wash your hands after cleaning up any spill even if you wore gloves.

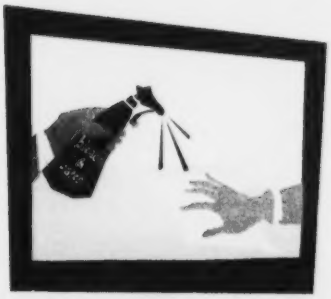


Overhead 5

CCHP Cleaning and Disinfecting

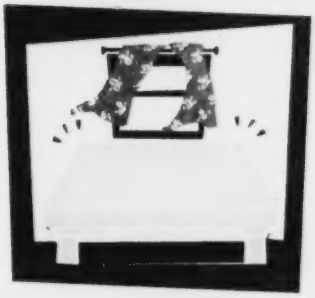
- Make a fresh bleach solution every day using:
  - 1 tablespoon bleach in 1 quart water

    -OR-
  - 1/4 cup bleach in 1 gallon water.



- Clean off any visible soil with soap and water.

- Disinfect by spraying with bleach solution. Wipe disinfectant over the surface with a paper towel. Leave glistening wet—do not dry off.



- Allow to air dry for 2 minutes.

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Section 2

Disposable Gloves

Rationale: **Bacteria and viruses carried in the blood such as hepatitis B and C virus pose a small but serious hazard in the child care setting. Blood and direct blood-derived fluids (such as watery discharges from injuries) pose the highest potential risk, because of the highest concentration of viruses. Other bodily fluids including saliva, urine and feces do not pose a risk with these blood-born diseases unless they are visibly tainted with blood. However these fluids do pose a risk with other infectious disease (such as CMV) and should be handled with care. Gloves can provide additional protection against germs when providers handle blood, body fluids and infected materials.**

Time: **8-15 minutes**

Learning Objectives:

Participants will be able to:

1. Recognize the protective role of using disposable gloves
2. Know the correct technique for wearing and removing gloves
3. Identify the situations when they need to wear gloves

Teaching Methods/ Suggested Activities:

- **Brainstorming**: Ask participants to list the situations in which they should wear gloves.
- **Demonstration**: Demonstrate how to remove gloves correctly.
- **Questions/Answers**: Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #6: Disposable Gloves
- Overhead #6: Gloving
- Flip Chart/Chalkboard/Whiteboard
- Disposable Gloves
- Overhead Projector (if using transparencies)

Questions/Comments:

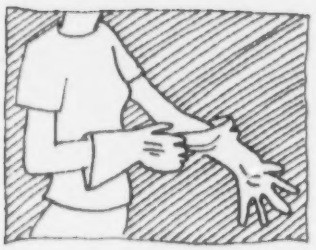
- Gloves provide protection only when used correctly. If you use gloves incorrectly, you actually risk spreading more germs than if you did not use gloves at all.
- Gloves should never be used as a substitute for hand washing.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.

Gloves can provide a protective barrier against germs that cause infections. However, when caregivers deal with blood and bloody fluids, the best protection is to maintain healthy, unbroken skin and to wash your hands thoroughly after any contact. Gloves should be disposable, latex (for those not allergic), and removed and disposed of properly after contact with each child. Hands should be washed immediately after gloves are removed.

CCHP

Handout #6

Disposable Gloves



The Centers for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA) recommend that you wear gloves in the following situations:

- When contact with blood or blood-containing fluids from a child is likely, particularly when the caregiver's hands have open cuts or sores (e.g., when using first aid for a child's cut, or changing a diaper with bloody diarrhea)
- When cleaning surfaces or handling clothes and supplies that have been contaminated with blood or gross contamination with body fluids, such as large amounts of vomit, urine or stool
- When caring for oozing skin rashes or lesions
- When you provide mouth or eye care and special medical procedures such as finger prick for blood glucose test, etc.

Once the gloves are dirty, remove them correctly and discard them properly. Be careful that you don't contaminate your hands, other objects or people with the dirty gloves. Wash hands and change gloves between diaper changes. Do not reuse the gloves: this can spread germs from one child to another.

Although gloves are not necessary for diaper changing, they may reduce contamination of providers hands and reduce the presence of infectious disease as they provide a protective barrier, but they offer little protection beyond that achieved by a good hand washing. Some child care policies recommend that caregivers use gloves for all diaper changes or for all diaper changes with stool. Make sure to follow your policies. Using gloves at the proper times requires being prepared in advance. You may want to make gloves available on the playground, in the first aid kit, at the diaper-changing table, in the car on field trips, with the cleaning materials, and in your pockets.

Gloves provide added protection from communicable disease only if used correctly. If you use gloves incorrectly, you actually risk spreading more germs than if you don't use gloves at all. Pay attention to your gloving technique so that you do not develop a false sense of security (and carelessness) when wearing gloves.

It is important to know that certain products like barrier creams, no-soap hand cleansers or "invisible gloves" also provide a false sense of security and cannot be alternatives for protective gloves in child care settings.

Gloves should never be used as a substitute for hand washing.

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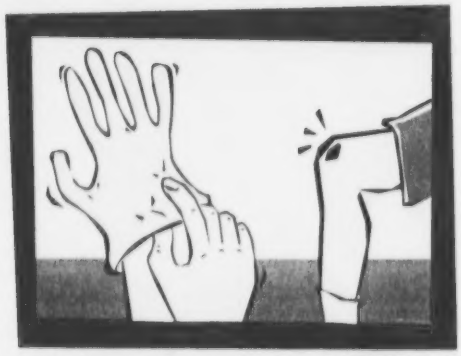
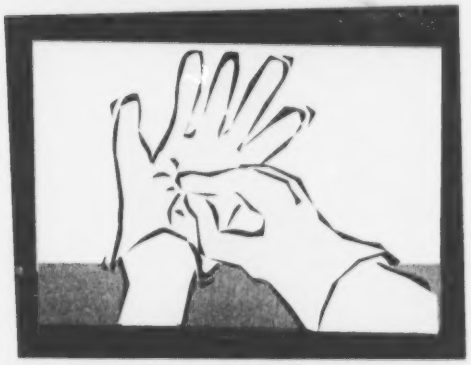
Overhead 6

Gloving

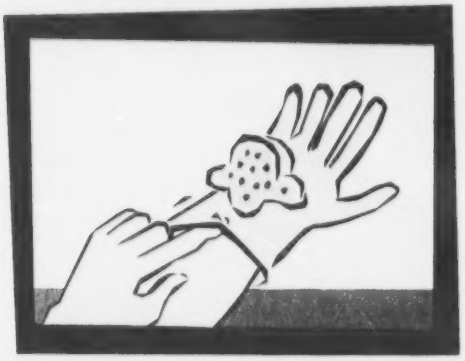


1. Put on a clean pair of gloves.

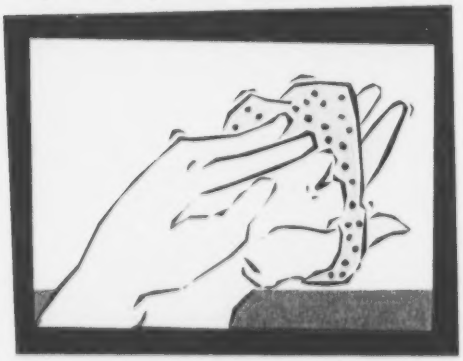
2. Provide appropriate care.



3. Remove each glove carefully. Grab the first glove at the palm and strip the glove off. Touch dirty surfaces only to dirty surfaces.



4. Ball up the dirty glove in the palm of the other gloved hand.



5. With the clean hand, strip the glove off from underneath at the wrist, turning the glove inside out. Touch clean surfaces only to clean surfaces.

6. Discard the dirty gloves immediately in a step can. Wash your hands.

CCHP

Section 2

Disposal of Garbage

Rationale: **Items soiled with stool, blood or other bodily fluids must be disposed of (or laundered) properly to prevent the spread of disease.**

Time: **5-10 minutes**

Learning Objectives:

Participants will be able to:

1. Understand the importance of the proper disposal of garbage (diapers, gloves, paper towels, tissues, etc.) in the prevention of illnesses
2. Handle disposable items properly

Teaching Methods/ Suggested Activities:

- **Lecture**: Review the methods for proper disposal of garbage and disposable items.
- **Questions/Answers**: Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #7: Disposal of Garbage
- Flip Chart/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments:

- Discard disposable items immediately.
- Trash cans should be within reach of diaper changing, hand washing and food preparation areas, operated by a foot pedal, tightly covered, lined with a plastic bag, and emptied and disinfected daily.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.

CC HP

Handout #7

Disposal of Garbage

Proper storage and disposal of garbage not only prevents the spread of disease, it also helps to prevent unpleasant odors and other problems with insects and rodents. Soiled items that are disposable (*e.g.*, disposable diapers, gloves, paper towels, tissues) should be thrown away immediately in an appropriate trash container.

- Store garbage in water- and rodent-proof containers with tight lids.
- Use containers operated with a foot pedal (*e.g.*, step can). This is especially recommended for diaper disposal.
- Use a plastic bag to line covered containers.
- Put the containers within reach of the diaper changing area, hand washing sink, and food preparation area.
- Remove, clean and sanitize containers from children's area daily.
- Make sure that infants and toddlers cannot knock over or reach into the containers.

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Section 2

Diapering/ Toileting

Rationale: **Diapering and the use of potty chairs carry clear risks to the child care environment because germs are very likely to live and spread in the changing area.**

Time: **10-25 minutes**

Learning Objectives:

Participants will be able to:

1. Learn important rules about the diapering area
2. Describe steps for correct diaper changing technique

Teaching Methods/ Suggested Activities:

- **Brainstorming**: Ask participants to list some important rules about the diaper changing area.
- **Lecture/Video**: Review the proper diapering procedures. Review the use of potty chairs.
- **Case Study**: Divide participants in groups of 4 to 5 minutes. Allow 10 minutes to discuss the following scenario. Record answers on flip chart paper and report discussion back to large group.

> **Scenario:** Mrs. Carmichael sends cloth diapers with her son the first day he comes to the center. She says he is allergic to disposable diapers. What procedures should you institute to handle this scenario?
>
> In addition, Mrs. Carmichael brings a special cream and some talcum powder to use at each diaper change. What is your response?

Questions/Answers:

Respond to any questions that the group may have, and ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #8.1: Diapering/Toileting
- Handout #8.2: Using Toilet-Training Equipment
- Flip Chart/Chalkboard/Whiteboard
- Overhead #8.1-8.2: Diapering Procedures & Important Rules about Diapering
- VCR and Monitor (if showing video)
- Overhead Projector (if using transparencies)

Questions/Comments:

- Stress the preference for disposable diapers in the child care setting.
- Stress extra precautions to be used when handling cloth diapers. Talcum powder can be inhaled. Discourage use of powder in the child care setting. Get signed parental permission to use diaper creams. Encourage participants to make notes about the things that they need to improve.
- Suggested videos: *Keeping Kids Healthy* (see resources).

CC HP

Handout #8.1

Diapering/ Toileting

Diapering and the use of potty chairs carry distinct risks to the child care environment. Since the changing area is one of the places where germs which cause disease are most likely to live and spread, these activities must be handled with extreme care and attention to sanitation.

The Diapering Area

The health and safety of the children in your child care setting demand that diapering be carried out in an environment that has been carefully planned. These are some important rules about the diapering area that should be remembered:

- Use the area only for diapering.
- Set up the diapering area as far away as possible from any food handling area.
- Provide running water so hands can be washed immediately after a diaper is changed. Ideally, a diaper changing area should be within arm's reach of a sink.
- Construct a flat and safe diapering surface high enough so that you do not put extra stress on your back.
- Be sure this surface is clean, waterproof and free of cracks or crevices. A good pad on the surface with a waterproof cover is more comfortable for the child.
- Cover the surface with a disposable cover. Use cheap materials such as paper bags, used computer paper (on the "wrong" side), rolls of paper, etc. or buy disposable squares from discount medical supply companies.
- Keep all creams, lotions and cleaning items out of the reach of children, but within your reach. Never give a child any of these to play with while being diapered, since s/he could be poisoned.
- Add a guard rail at least three inches high or a recessed area as a good, extra safety measure.
- Always keep a hand on the child.
- Never leave the child unattended, even for a second.

You should never wash or rinse diapers or clothes soiled with stool in the child care setting. Because of the risk of splashing and gross contamination of hands, sinks, and bathroom surfaces, rinsing increases the risk that you, other providers and the children would be exposed to germs that cause infection. All soiled clothing should be put in a plastic bag, securely closed, and sent home with the child without rinsing. (You may dump solid stool into a toilet.) You need to tell parents about this procedure and why it is important. They often request that diapers and training pants be rinsed out to avoid staining.

Recommended Procedure for Diapering a Child

(1) Organize needed supplies within reach, before you bring the child to the diaper-changing area.

- Wash your hands and gather what you need (such as disposable covering, fresh diaper, clean clothes (if you need them), wipes for cleaning the child's bottom, a plastic bag for any soiled clothes, disposable gloves (if they will be used), and a dab of any diaper cream (if the child uses it)
- Place a disposable covering (such as roll paper) on the portion of the diapering table where you will place the child's bottom.

(2) Ovoid contact with soiled items.

- If using gloves, put them on now.
- Using only your hands, pick up the child. Do not cradle the child in your arms and risk soiling your clothing. Provide steps for older children.
- Lay the child on the paper or towel.

(3) Remove the soiled diaper.

- Remove soiled diaper (and soiled clothes) without contaminating any surface not already in contact with stool or urine.
- Fold the soiled surface inward.
- Put disposable diapers in a covered, plastic-lined trash can.
- Put soiled, reusable diaper and/or soiled clothes without rinsing in a plastic bag securely closed to give to parents. Remove rubber pants and diapers as a single unit.

(4) Clean the child's diaper area.

- Use disposable wipes to clean and dry the skin on the child's bottom. Place the soiled wipes into the soiled diaper or directly into a covered plastic-lined trash can.
- If the child needs a more thorough washing, use soap, running water, and paper towels.
- Remove the disposable covering from beneath the child. Discard it into a covered plastic-lined trashcan.
- If you are wearing gloves, remove and dispose of them now into a covered plastic-lined trashcan.

(5) Put on a clean diaper and dress the child.

- Use a facial or toilet tissue to apply any necessary creams or ointments.
- Note and plan to report any skin problems such as redness. ,
- Slide a fresh diaper under the child, then adjust and fasten it. If pins are used, place your hand between the child and the diaper when inserting the pin.

(6) Wash the child's hands and return the child to a supervised area.

(7) Clean and sanitize the diaper changing surface.

- Clean and disinfect the diapering area, all equipment or supplies that were touched, and soiled crib or cot, if needed.

(8) Wash your own hands thoroughly.

CC HP

Handout #8.2

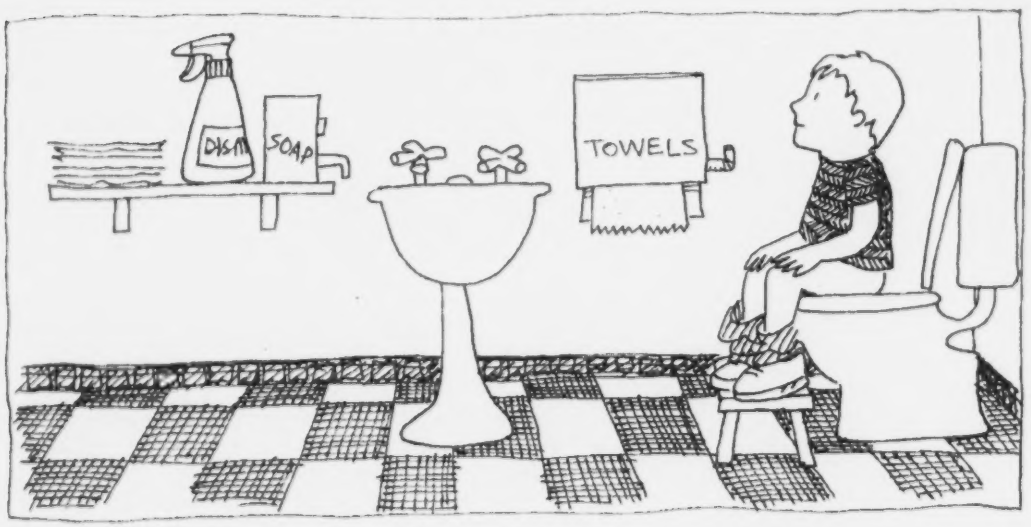
Diapering/ Toileting

Using Toilet-Training Equipment

The use of potty chairs in the child care setting should be discouraged. Potty chairs are difficult to keep clean and out of the reach of children. Small, flushable toilets or modified toilet seats and step aids are preferable.

If potty chairs are used for toilet training, you should use them only in a bathroom area and out of reach of toilets or other potty chairs. After each use of a potty chair, you should:

- Immediately empty the contents into a toilet, being careful not to splash or touch the water in the toilet.
- Rinse the potty chair with water and empty into toilet.
- Wash the chair with soap and water. Consider using paper towels or disposable mop. Empty soapy water into toilet.
- Rinse again. Empty into toilet and flush.
- Spray with bleach solution.
- Air dry.
- Wash and disinfect sink.
- Wash hands.
- Assist children in washing their hands.

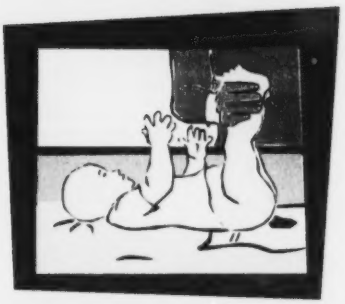


Overhead 8.1

CCHP Diapering Procedures

1. Organize needed supplies within reach.

- Wash your hands and gather what you need.
- Place a disposable cover on the diapering surface.

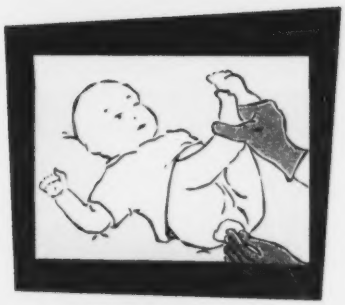


2. Avoid contact with soiled items.

- If using gloves, put them on now.
- Using only your hands, pick up the child.
- Provide steps for older children.
- Lay the child on the paper towel.
- Never leave the child unattended.

3. Remove the soiled diaper.

- Remove soiled diaper and soiled clothes.
- Fold the soiled surface inward.
- Put disposable diapers in a covered, plastic-lined trash can.
- Put soiled, reusable diaper and/or soiled clothes without rinsing in a plastic bag for parents.



4. Clean the child's diaper area.

- Use disposable wipes to clean and dry the child's bottom.
- If the child needs a more thorough washing, use soap, running water, and paper towels.
- Remove the disposable covering from beneath the child and discard it into a covered plastic-lined trash can.
- If you are wearing gloves, remove and dispose of them now into a covered, plastic-lined trash can.

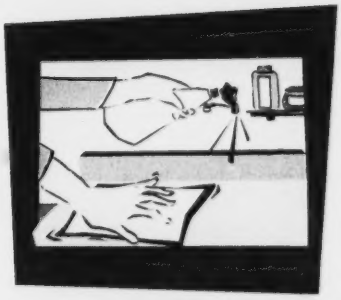
Overhead 8.1

CCHP Diapering Procedures

5. Put on a clean diaper and dress the child.

- Use a facial or toilet tissue to apply any necessary creams or ointments.
- Note and plan to report any skin problems such as redness.
- Slide a fresh diaper under the child, then adjust and fasten it. If pins are used, place your hand between the child and the diaper when inserting the pin.

6. Wash the child's hands and return the child to a supervised area.



7. Clean and sanitize the diaper changing surface.

- Clean and disinfect the diapering area, all equipment or supplies that were touched, and soiled crib or cot, if needed.

8. Wash your own hands thoroughly.

CCHP

Overhead 8.2

Important Rules About Diapering

- Use the area only for diapering.
- Set up the diapering area as far as possible from any food handling area.
- Provide running water so hands can be washed immediately after a diaper is changed.
- Construct a diapering surface which is flat, safe and preferably at least three feet above the floor.
- Be sure this surface is clean, waterproof and free of cracks and crevices. Cover it with a disposable cover. Use cheap materials such as paper bags, used computer paper (on the "wrong" side), rolls of paper, etc., or buy disposable squares from discount medical supply companies.
- Keep all creams, lotions and cleaning items out of reach of children. Never give a child any of these to play with while being diapered since she/he could be poisoned.
- Use a guardrail or recessed area as an extra safety measure. Always keep a hand on the child.

NEVER LEAVE THE CHILD, EVEN FOR A SECOND.

CCHP

Section 2

Food Safety and Infant Feeding

Rationale: **Poor food preparation, handling or storage can quickly result in food being contaminated with germs, and may lead to illnesses if eaten.**

Time: **15-25 minutes**

Learning Objectives:

Participants will be able to:

1. Identify proper procedures concerning preparation, handling or storage of food
2. Know how to store non-food supplies
3. Understand how to clean and care for equipment
4. Take necessary actions when human expressed milk is given to another child

Teaching Methods/ Suggested Activities:

- **Lecture:** Review the proper procedures regarding selecting, storing, handling and preparation of food. Review procedures for cleaning equipment and bringing food from home.

- **Case Study:** Present the following situations and discuss:

Q. Jamie says her milk "tastes bad." What do you do?
A. Smell it. Confirm it has soured. Throw it out.
If it is from home, supplement with milk from child care and send note home to parents. If it is from the child care program, check all milk served and in storage, and throw out sour milk.

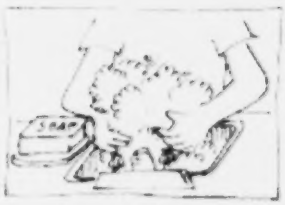
Q. As you arrive in the child care program, you see that the potato-egg salad has been left out overnight. What do you do?
A. Throw it out.

Q. You begin preparing bologna sandwiches for the children and see that the bologna has changed color and is slimy. What do you do?
A. Throw it out.

Q. The teacher's aide who usually fixes snacks is sick with a sore throat. What do you do?
A. Exchange jobs with someone who is not sick.

Q. You see mouse droppings in the cabinet and find a hole in the flour sack. What do you do?
A. Throw out the sack and check other packages in the cabinet.
Clean the cabinet.
Begin rodent control measures.

Questions/Answers:



Respond to any questions that the group may have, and ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #9.1: Food Safety
- Handout #9.2: Food-Borne Disease
- Handout #9.3: Infant Feeding
- Flip Chart/Chalkboard/Whiteboard

Questions/Comments:

- Discourage children from sharing food with one another (e.g. licking the same ice cream, putting used spoons in the same portion of food).
- Always keep food away from the diapering area. Whenever possible, make sure that adults who change diapers do not prepare food.
- Keep food and utensils separate from classroom items.
- Do not use the kitchen area as a traffic way or meeting room while food is being prepared.
- Use a clean spoon to taste food and wash the spoon after each time you taste.
- Air-dry surfaces after cleaning; do not use a wiping cloth.
- Never taste food to determine if it is spoiled.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.

CC HP

Handout #9.1

Food Safety

Poor food preparation, handling, or storage can quickly result in food being contaminated with germs, and may lead to illness if eaten. To prevent food from spreading illness, you can do some very simple things.

When You Purchase Food

- Don't buy food in poor condition. Make sure that refrigerated food is cold to the touch, that frozen food is rock-solid, and canned goods are free of dents, cracks or bulging lids.
- Check the "use by," "sell by" or "expiration date" on foods before purchase.
- Be sure that the meats and poultry you purchase have been inspected and passed for wholesomeness by federal or state inspectors.
- Keep packages of raw meat separate from other foods, particularly foods that are eaten fresh.
- Use only pasteurized milks, milk products and fruit juices.
- Do not use home-canned foods.
- Shop for meat, fish, poultry and cold food last. Take foods straight home to the refrigerator; never leave food in a hot car.

When You Store Food

- Store all perishable foods at temperatures that will prevent spoilage (refrigerator temperature, 40° F or lower, and freezer temperature, 0° F or lower.)
- Have a working thermometer to monitor the temperature in the refrigerator and freezer.
- Set up refrigerators so that there is enough shelf space to allow for air circulation around shelves and refrigerator walls. This will help maintain proper food temperatures.
- Always examine food when it arrives to make sure it is not spoiled, dirty or infested with insects.
- Store unrefrigerated foods in clean, rodent- and insect-proof covered metal, glass or hard plastic containers. (Large shortening cans available from bakeries are ideal for storing flour and other commodities.)
- Store containers of food above the floor (at least 6") on racks or other clean slotted surfaces that permit air circulation.
- Keep storerooms dry and free from leaky plumbing or drainage problems. Repair all holes and cracks in storerooms to prevent insect and rodent infestation.
- Keep storerooms cool (about 60° F) to increase the food's shelf life.
- Store all food items separately from non-food items.
- Use an inventory system: the first food stored is the first food used. This will ensure that stored food is rotated.
- Pay close attention to expiration dates, especially on foods that spoil easily (dairy products, mayonnaise).

When You Prepare Food

Keep every thing clean by following these hygiene procedures:

- Wear clean clothes, maintain a high standard of personal cleanliness, and carry out strict hygiene procedures during working hours.
- Wash hands carefully and thoroughly before preparing and serving food.
- Keep hands clean while handling food, surfaces, dishes and utensils.
- Do not prepare or serve food while ill with a communicable disease.
- If possible, do not diaper children or assist with toileting when you are handling food.
- Wash all raw fruits and vegetables before use.
- Wash tops of cans before opening.
- Keep work surfaces, utensils, towels, dish cloths and appliances clean.

Thaw frozen meat, poultry or fish in the refrigerator or put quick-thaw foods in plastic bags under cold running water for immediate preparation.

- Do not thaw frozen foods by allowing them to stand at room temperature.
- Keep raw meat and poultry (and their juices) away from other food and preparation surfaces to avoid spreading bacteria in the kitchen.

Cook thoroughly! Use a meat thermometer to check internal temperatures to be sure food has been cooked evenly.

- Use a thermometer to check the cooked temperature of poultry, stuffing (cook in separate pan from poultry or meat) and pork/pork products (minimum of 165° F).
- Heat foods to 140° F.
- Never reuse a spoon for cooking that was used for tasting.
- Cut food into pieces smaller than 1/4 inch for infants and 1/2 inch for toddlers.
- Prepare these foods as quickly as possible once removed from a refrigerator, serve them immediately, and refrigerate leftovers immediately:
  - Meat salads, poultry salads, egg salads, seafood salads and potato salads
  - Cream-filled desserts or puddings
  - Other prepared foods containing milk, meat, poultry, fish and/or eggs

When You Serve the Food

- Serve food promptly after preparation or cooking. Keep hot foods hot and cold foods cold.
- Serve food on a table that was cleaned and disinfected before use. Use clean or disposable plates, cups and utensils.
- Make sure that all children and adults wash their hands before serving and eating food.
- Do not allow children to share food or drinks.
- Do not serve food or drinks in dishes which might contain lead.

When You Handle the Leftovers

- Refrigerate leftovers immediately or discard. Prevent the growth of bacteria by keeping foods at temperatures lower than 40° F or higher than 140° F during transportation and while holding until served. Bacteria multiply most rapidly between 40° F and 140° F.
- Cover or completely wrap foods during transportation.
- Never reuse a spoon that has been used even once for tasting.
- Reserve food for second servings at safe temperatures in the kitchen.
- Leftover food from serving bowls on the table must be thrown away with these possible exceptions:
  - Raw fruits and vegetables that can be thoroughly washed
  - Packaged foods that do not spoil
- Place foods to be stored for reuse in shallow pans and refrigerate, or freeze immediately to rapidly bring temperature to 40° F or lower.
- Leftovers or prepared casseroles held in the refrigerator must be discarded after two days.
- Leftover foods should not be sent home with children or adults because of the hazards of bacterial growth during transport.
- Keep lunches brought from home in the refrigerator until lunchtime.

When You Clean and Care for Equipment

Provide easy-to-clean equipment and utensils.

- Use food contact surfaces and utensils that are easy to clean, nontoxic, corrosion-resistant, and non-absorbent.
- Use disposable articles that are made of non-toxic materials. Do not reuse disposable articles.
- Install appliances so that they, and the areas around them, can be cleaned easily.
- Be sure food contact surfaces are free of cracks and crevices, pots and pans are free of pits and dents, and plates are free of chips and cracks. Cracks in any surface can hold germs.

Handout #9.1

Wash equipment frequently.

- Clean range tops during food preparation as needed and on a daily basis.
- Clean ovens and overhead hoods at least weekly.
- Wash the inside and outside of refrigerators weekly with the bleach solution; defrost when ice is 1/4" thick.
- Wash tables with the bleach solution before and after each meal.

Air dry all food contact surfaces after cleansing and sanitizing. Do not use reusable wiping cloths.

Make sure that food contact surfaces and utensils are kept clean.

- Cloths used for wiping counters and tables should not be used for anything else.
- Scrape and presoak dishes, pots, pans and utensils if necessary, to remove food particles before washing.
- Wash highchair trays, bottles and nipples in a dishwasher, if available. If the trays do not fit in the dishwasher, wash in detergent, rinse, spray with bleach solution, and air dry.
- Use the proper concentration of suitable detergent for hand and machine dishwashing, according to package directions.

When You Are Hand Washing Dishes

The best way to wash, rinse and disinfect dishes and eating utensils is to use a dishwasher. If a dishwasher is not available or cannot be installed, a three-compartment sink will be needed to wash, rinse and disinfect dishes. A two-compartment or one-compartment sink can be used by adding one or two dishpans, as needed. In addition, you will need a dishrack with a drainboard to allow dishes and utensils to air dry.

It is best to use running water to rinse, because if you use a dishpan for rinsing, the water in this pan will be contaminated after the first dish is rinsed.

To wash, rinse and disinfect dishes by hand:

- Fill one sink compartment or dishpan with hot tap water and dishwashing detergent.
- Fill the second compartment or dishpan with hot water.
- Fill the third compartment or dishpan with hot tap water and 1 tablespoon of liquid chlorine bleach for each gallon of water.
- Scrape dishes and utensils, and dispose of excess food.
- Dip scraped dish or utensil in the first sink compartment and wash thoroughly.
- Rinse dish or utensil in the second dishpan of clear water.
- Dip dish or utensil in the third dishpan of water and bleach solution for at least one minute.
- Place the dish or utensil in the rack to air-dry.
- Pick up and touch clean spoons, knives and forks only by the handles, not by any part that will be in contact with food.
- Handle clean cups, glasses and bowls so that fingers and thumbs do not touch the inside or the lip.

Food preparation and dishwashing sinks should only be used for these activities, and should not be used for routine hand washing or diaper-changing activities.

Note: If you do not have adequate facilities for cleaning and sanitizing dishes and utensils, use only disposable items.

CCHP

Handout #9.2

Food Safety

Food-Borne Disease

Contaminated food products are linked with large number of illnesses and deaths in people of all ages. However, children and especially those with weak immune systems are particularly at risk of illness from lots of food-borne germs. To reduce the risk of infection and disease from eating contaminated food products, the American Academy of Pediatrics 'committee on Infectious Diseases recommends the following preventive measures:

Unpasteurized milk and cheese. Children should not drink unpasteurized milk or eat unpasteurized cheese. Pasteurization is a method of preserving food by heating it to a certain point which will kill off harmful organisms but will not harm the flavor or quality of the food. This technique is mostly used with milk, fruit juices, cheeses and egg products. The American Academy of Pediatrics strongly endorses the use of pasteurized milk and recommends that parents and public health officials be fully informed of the important risks associated with consumption of unpasteurized milk.

Eggs. Children should not eat raw or undercooked eggs, unpasteurized powdered eggs or products containing raw eggs. Ingestion of raw or improperly cooked eggs can produce severe salmonella disease.

Raw and undercooked meat. Children should not eat raw or undercooked meat or meat products, as they have been associated with disease. Knives, cutting boards, utensils, and plates used for raw meats should not be used for preparation of any food until the utensils have been cleaned properly. Do not place cooked or barbecued meat back onto the plate that held the raw meat.

Unpasteurized juices. Children should only drink pasteurized juice products unless the fruit is washed and freshly squeezed (i.e., orange juice) immediately before consumption. Consumption of packaged fruit and vegetable juices that have not undergone pasteurization or a comparable treatment has been associated with foodborne illness due to *E. coli* O157:H7 and salmonella species.

Alfalfa sprouts. The FDA and the Centers for Disease Control and Prevention have reaffirmed health advisories that persons who are at high risk for severe foodborne disease, including children, persons with compromised immune systems and elderly persons, should avoid eating raw alfalfa sprouts until intervention methods are implemented to improve the safety of these products.

Fresh fruits and vegetables. Many fresh fruits and vegetables have been associated with disease because of contamination. All fruits and vegetables should be cleaned before eating. Knives, cutting boards, utensils, and plates used for raw meats should not be used for preparation of fresh fruits or vegetables until the utensils have been cleaned properly.

Raw shellfish and fish. Many experts recommend that children should not eat raw shellfish, especially raw oysters. Some experts caution against children eating raw fish. Raw shellfish, including mussels, clams, oysters, scallops and other mollusks, have been associated with many germs and toxins.

Honey. Children younger than one year of age should not be given honey unless the product has been certified to be free of *Clostridium botulinum* spores.

CCHP

Handout #9.3

Infant Feeding

General Guidelines

Feeding infants takes some extra care and preparation. Always wash your hands and utensils before handling breast milk, infant formulas and foods. Be sure to follow directions on packages regarding expiration dates and preparations.

Breast Milk

Breastfeeding provides numerous health benefits to young infants, including protection against infectious diseases caused by bacteria, viruses and parasites. It is an ideal source of infant nutrition, largely uncontaminated by environmental pathogens, and reduces some of the risks that are greater for infants in group care such as diarrhea, lower respiratory disease, otitis media, and SIDS. Breast milk is the best food to meet the nutritional needs of an infant from birth until 4 to 6 months of age.

The clear advantage of breast milk over any formula requires child care providers to promote breastfeeding for working mothers who are willing to nurse their babies and pump and supply their milk to child care facilities. Like formula, it is important to store breast milk carefully so it does not spoil.

The following are guidelines for storing breast milk:

- Breast milk should be in a ready-to-feed bottle to avoid exposure and spills.
- Label bottles of breast milk brought to the center with the child's name and date, if your facility is caring for more than one bottle-fed infant.
- Promptly refrigerate.
- Use breast milk on the day it is brought into the program.
- Throw away all milk not used within twelve hours.
- Never give breast milk intended for one child to another.

Breast milk may appear thinner, paler or even bluish in color compared to formula. This is normal. If it has been stored properly, it is completely safe and very nutritious for the infant.

Do not store defrosted breast milk for longer than 12 hours. Do not refreeze previously frozen breast milk.

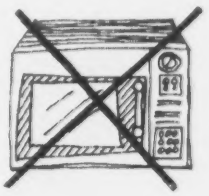
If expressed human milk is given to another child: Breast milk from a mother is specific to her own child and should be used only with the intended child. Risk of HIV transmission from breast milk that another child has drunk is believed to be low. However, if one child is mistakenly fed another child's bottle, or one child fed from a bottle that another child has dropped or put down, this should be seen as an accidental exposure to a potential HIV-contaminating body fluid. In such cases providers should:

a. Inform the parents of the child who was given the wrong bottle and notify the child's health care provider of the exposure.
b. Inform the mother who supplied the breast milk and ask if she has ever had an HIV test and, if so, would she be willing to share the results with the parents of the exposed child.

Formula

It is important for the infant's health that formula be prepared correctly and stored safely. Spoiled formula can make infants very sick. Germs can get into formula bottles from:

- The hands, nose or throat of the person preparing the bottle
- The counter or work area
- A bottle that was not well cleaned
- Unclean water used to make the formula
- Formula stored too long
- A bottle left at room temperature



Concentrated and powdered infant formula should be sent from the child's home in its original factory-sealed container and prepared according to package directions. To prevent illness from shared bottles or giving incorrect formula, label each child's bottles and formula with the child's name and the date the formula was prepared. Refrigerate the bottles as soon as they arrive or are made, and discard formula after 12 hours.

Do not warm infant formula or breast milk in a microwave oven.

CC HP

Section 2

Oral Hygiene

Rationale: **Very young children can learn good habits that will last a long time. Teaching good oral hygiene for children not only keeps their teeth and gums healthy, it will also affect their dental health throughout their lives.**

Time: **5-10 minutes**

Learning Objectives:

Participants will be able to:

1. Understand how they can help reduce dental illness
2. Understand how to promote oral health

Teaching Methods/ Suggested Activities:

- **Lecture:** Review the proper procedures for promoting oral health.
- **Questions/Answers:** Respond to any questions that the group may have, and ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #10: Oral Hygiene
- Flip Chart/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments:

- Always supervise children when they are brushing their teeth.
- Make sure that each child has his/her own toothbrush.
- Store each toothbrush so it cannot touch any other toothbrush, and allow it to air dry.
- Never disinfect toothbrushes.
- Replace toothbrushes every three to four months or sooner if bristles have lost their tone.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.

CC HP

Handout#10

Oral Hygiene

Oral hygiene is the practice of keeping teeth and gums healthy. With good oral hygiene, the teeth will be clean and the mouth will have a clean and sweet odor. The type of hygiene and oral/dental care children receive, such as exposure to preventive agents like dental sealants and fluoride, along with diet, will mostly determine their dental health throughout their lives.

How to Promote Oral Health

Your program can help prevent dental illnesses by serving well-balanced nutritious food and by limiting sugary and sticky foods. You will be teaching preschool children dental health, helping them to brush their teeth, and encouraging parents to get regular dental care for their children.

1. *Healthy Food for Teeth:* Low-sugar, fresh fruit and vegetables make a great snack or dessert alternative. Food with high amounts of sugar is clearly linked to tooth decay. Germs in the mouth change the sugar in food to acid, which can eat a cavity in the tooth. Avoid or limit sweet drinks, candy, jelly, jam, cake, cookies, sugared gelatin and sweetened canned fruit.

2. *Prevention of Baby Bottle Tooth Decay:* Baby bottle tooth decay (BBTD) is one form of early childhood tooth decay which can result from the overuse of a baby bottle feeding of milk, formula, juices and soda. Babies should not be put to bed with a bottle at nap time or at night.

3. *Brushing Teeth:* Although it is often difficult, brushing teeth in the child care setting helps children to develop good habits. To brush teeth properly and to prevent the spread of infections from germs found in saliva and blood on toothbrushes:

    - Always supervise children when they are brushing their teeth.
    - Make sure that each child has his/her own toothbrush clearly labeled with their name. Do not allow children to share or borrow toothbrushes.
    - Apply (or have child apply) a pea-sized amount of fluoride toothpaste to a dry toothbrush (about 1/4 to 1/2 the size of a pea for children under 2 years of age). Children should be supervised up to age six when placing toothpaste on their toothbrush.
    - Instruct each child to brush his/her teeth and then spit out the toothpaste.
    - Using a paper cup, each child should rinse his/her mouth out with water.
    - Store each toothbrush so it cannot touch any other toothbrush, and allow it to air dry.
    - Never "disinfect" toothbrushes. If a child uses another child's toothbrush or if two toothbrushes come in contact, throw them away and give the children new toothbrushes.
    - If a child uses the toothbrush of another child who is known to be ill or to have a chronic bloodborne infection (such as Hepatitis B and C or HIV), parents of the child who used the ill child's brush should be notified.
    - Replace toothbrushes every three to four months or sooner if bristles have lost their tone.

CC HP

Overhead 10

Tips for Preventing Oral Disease and Infections

- ***Cleaning teeth and gums*** is the single most important way to prevent dental and gum disease.
- ***Good nutrition,*** which is good for the body, is also good for the mouth. The most harmful foods are those containing sugar.
- ***Regular dental visits*** will ensure early detection and correction of oral/dental problems. If not previously referred by a health care provider, children should get regular dental checkups by a dentist or pediatric dentist after age three.
- ***Use of fluoride*** reduces tooth decay. Research shows that fluoride reduces cavities by up to 50 percent in children. Toothpaste and drinking water may have fluoride. It is suggested that only children between 6 months and 16 years of age living in non-fluoridated areas use additional fluoride prescribed by a dentist or health care provider.
- ***Use of sealants*** (plastic coatings applied to teeth by a dental professional) will help prevent tooth decay by creating a physical barrier between the teeth and plaque and food. Since permanent molars are the most at risk for decay, the six-year and 12-year molars need sealants.
- ***Using mouth protectors*** prevents oral/dental injuries among children involved in recreational activities such as soccer, hockey, football and even bicycling and rollerblading. "Stock" mouth protectors are available in stores, and a better-fitting variety can be custom fitted by your dentist.
- ***Avoid frequent exposure to sugary liquids*** such as milk (including breast milk) fruit juice and other sweet liquids to help prevent baby bottle tooth decay.
- ***Learn how to handle dental emergencies:*** You can help a child avoid losing a tooth.
- ***Help parents find a dental provider in their area.***

CCHP

Section 2

Open Space and Air Quality

Rationale: Germs pass more frequently from one child to another when children and adults spend long periods of time together indoors.

Time: 10-20 minutes

Learning Objectives:

Participants will be able to:

1. Understand the importance of maintaining proper ventilation of indoor space to reduce the spread of illness
2. Understand the procedures for maintaining proper ventilation of indoor space and maximizing outdoor play

Teaching Methods/ Suggested Activities:

- **Brainstorming**: Ask participants to list some of the fears and concerns providers, parents or children may have about cold air and playing outdoors.
- **Lecture**: Review the importance of fresh air in improving air quality and reducing the spread of illness. Review proper procedures for maintaining proper ventilation of indoor space and maximizing outdoor play.
- **Questions/Answers**: Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #11: Open Space and Air Quality
- Flip Chart/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments:

- Although research has shown that fresh air is healthy, many child care providers, parents, and children have fears and concerns about cold air causing illness.
- Fresh air is one example of a health issue that can raise concerns among staff, parents and children. For this and all other health issues, programs should maintain open communication and be sensitive to the concerns of the staff, parents, and children.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.

CC HP

Handout #11

Open Space and Air Quality

The cheapest big space available is the outdoors! Children should play outside every day of the year except in cases of extreme weather or air pollution. Outdoor play is healthy on many levels: it provides open space to decrease the spread of infections, a variety of opportunities for gross motor development, and balance in the child's play and routine. Some children who have particularly high energy levels need lots of outdoor play. Consider the following suggestions for your use of space:

- Do not concentrate toys and equipment in small areas.
- Place cots/cribs at least three feet from each other and alternating foot to head so that air circulates freely and children are not breathing directly on each other.
- Provide a covered outdoor area if possible for shade and protection from rain and snow.
- Take children outdoors as often as possible, especially during the winter months when the indoors may be overcrowded and overheated and respiratory illnesses are at their peak.

Develop a space design which promotes the separation of infants and toddlers from preschoolers which, among many advantages, can limit the spread of infectious diseases. (Many diseases are spread from children in diapers.)

Maintaining Good Ventilation of Indoor Space

Adequate ventilation, humidity, and temperature control increase each person's resistance to illness and their ability to get well after sickness. In winter, dry, hot air takes moisture from the skin and mucous membranes. In summer, hot and humid air prevents a child's body from cooling off well and causes overheating. Therefore, pay specific attention to the air around you, and try to do the following:

- Keep air temperature between 68 - 85°F, if possible.
- Open windows in every room every day to circulate fresh air, even in winter (except in centrally air-conditioned or ventilated buildings). Windows must be screened, and not open wider than four inches to prevent children from falling out.
- Offer more liquids and sponge bathing in extremely hot weather to prevent overheating and dehydration. You may want to use sprinklers outside for toddlers and preschoolers. Young children, especially infants, become dehydrated more easily than adults.
- Provide extra clothing during sudden extremes of cold weather to maintain body heat.
- Ask parents to leave extra clothing at the program, if possible, or develop your own supply of extras from unneeded hand-me-downs. (Just remember that shared clothing must be washed between uses by different children). Hats should never be shared among children due to the possible spread of head lice.
- Use a cool air humidifier or cool air vaporizer to add moisture to dry air. Do not use a steam vaporizer.
- If you use an air conditioner, be sure that it is cleaned and serviced regularly. Air conditioners can build up molds and dust that are harmful allergens for some children and adults.
- Avoid strong odors in the program. Some people, including children, have allergic responses to smoke, perfume, room deodorizers, etc.

CCHP

Section 2

Water Supply

Rationale: To prevent the spread of disease, each child care setting must be supplied with an adequate amount of clean and safe water from a source approved by the Environmental Protection Agency.

Time: 5-10 minutes

Learning Objectives:

Participants will be able to:

1. Understand the importance of the quality and quantity of water in disease prevention
2. Know the licensing regulations if their facility is using water from a private source

Teaching Methods/ Suggested Activities:

- **Lecture:** Review the water supply requirements and standards for the child care setting.
- **Questions/Answers:** Respond to any questions that the group may have, ask questions and emphasize important points that highlight the important concepts.

Materials and Equipment Required:

- Handout #12: Water Supply
- Flip Chart/Chalkboard/Whiteboard

Questions/Comments:

- Ask participants to identify the source of their water supply. Stress the recommendations of the National Health and Safety Performance Standards.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.

CCHP

Handout #12

Water Supply

"The National Health and Safety Performance Standards: Guidelines for Out-Of-Home Child Care Programs" recommends that every child care setting be supplied with piped running water under pressure, from a source approved by the Environmental Protection Agency (EPA) and/or the state or local health authority. The water should be sufficient in quantity and pressure to supply water for cooking, cleaning, drinking, toilets and outside uses.

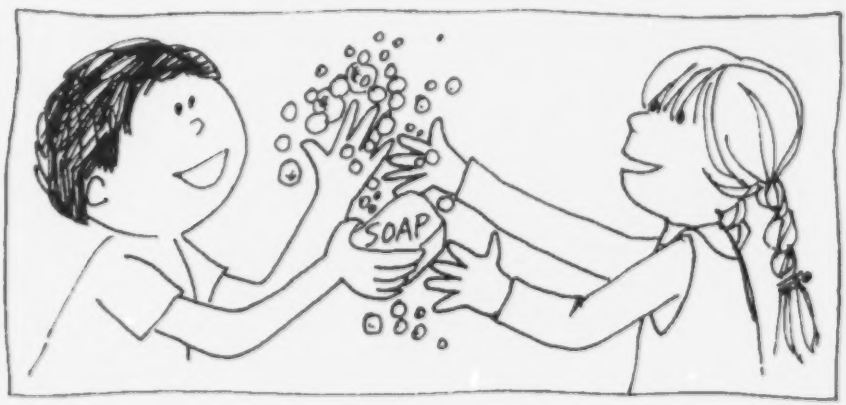
If a child care setting in California is using water from a private source, the licensing regulations require that they provide evidence of an onsite inspection of the source of the water, and a laboratory report showing the safety of the water. Testing of water must be conducted by the local health department, the State Department of Health Services or a licensed commercial laboratory.

Any facility not served by a public water supply shall keep documentation of approval of the water supply on file.

Drinking water must be safe for consumption. Exposure to toxic levels of lead can cause neural damage and developmental problems. In both private and public drinking water supplies where piping or joints contain lead or other toxic materials, water needs to be evaluated at the beginning of operation and at least every two years by the local health authority to determine safe lead levels.

Newly installed water handling and treatment equipment should meet applicable National Sanitation Foundation Standards.

The availability of running water for hand washing is important. No barrier (gloves) or chemical substitute (sanitizer solutions) is as effective as running water. Hand sanitizers do not substitute for hand washing. When plumbing is not available to provide a hand washing sink, the child care facility should provide an approved hand washing sink using a portable water supply that flows by gravity or pumping action during use. Children must not wash in a communal basin because those who wash in the same water share contamination.



CCHP

Section 2

Other Issues Related to a Healthy Environment

(Pets/Pests, Insect/Rodent Control, and No Smoking)

Rationale: Since animals can pass diseases to people, some pets may not be appropriate in the child care setting. Children are also more vulnerable to toxic substances. California child care regulations prohibit smoking when children are present.

Time: 13-25 minutes

Learning Objectives:

Participants will be able to:

1. Understand the difference between following one set of practices at home with their own families and following another set of practices with the children they care for in their program.
2. Identify the importance of following guidelines for protecting the health and safety of children in their care.

Teaching Methods/ Suggested Activities:

- **Brainstorming**: Ask providers to list some of the pets that may not be appropriate in the child care setting, and ask them to give the reasons why.
- **Lecture**: Review the importance of creating a healthy environment. Review the issues of pets and pests, insect and rodent control, and not smoking in the child care programs.
- **Questions/Answers**: Respond to any questions that the group may have, ask questions and emphasize points that highlight the important concepts.

Materials and Equipment Required:

- Handout #13.1: Pet in the Child Care Setting
- Handout #13.2: Insect and Rodent Control
- Handout #13.3: Keeping Sand Boxes and Sand Play Areas Safe
- Handout #13.4: No Smoking or Use of Alcohol or Illegal Drugs
- Overhead Projector (if using transparencies)
- Flip Chart/Chalkboard/Whiteboard

Questions/Comments:

- Stress the importance of having and following guidelines.
- Providers should realize the difference between what they practice at home with their own families and what they practice with the children they care for in their programs.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.

CC HP

Handout #13.1

Pets in the Child Care Setting

Many child care providers who care for children in their homes have pets, and many centers include pets as part of their educational program. Pets can be excellent companions, and meet the emotional needs of children and others for love and affection. Caring for pets also gives children an opportunity to learn how to treat and be responsible for others. However, since animals can pass on disease to people, some guidelines for protecting the health and safety of the children should be followed.

- All pets, whether kept indoors or outside, should be in good health, show no evidence of disease, and be friendly toward children.
- Dogs or cats should be appropriately immunized (check with a veterinarian) and be kept on flea, tick and worm control programs. Proof of immunizations should be kept in a safe place.
- Pet living quarters should be kept clean. All pet waste should be disposed of immediately. Litter boxes should never be accessible to children.
- Child care providers should always be present when children play with pets.
- Children should be taught how to behave around a pet. They should be taught not to provoke the pet or remove the pet's food. They should always keep their faces away from a pet's mouth, beak, or claws.
- If you have a pet in your child care setting, tell parents before they enroll their child. Some children have allergies that may require the parents to find other child care arrangements.
- Children and providers should wash their hands after handling pets or pet items.
- All reptiles carry salmonella. Therefore, small reptiles that might be handled by children, including turtles and iguanas, can easily transmit salmonella to them. Iguanas and turtles are not appropriate pets for child care settings.
- Some pets, particularly "exotic" pets such as some turtles, iguanas, venomous or aggressive snakes, spiders and tropical fish, may not be appropriate in the child care setting. Check with a veterinarian if you are unsure whether a particular pet is appropriate for children. Check with the local health department for regulations and advice regarding pets in the child care setting.

Keep children's play areas free of animal wastes, insects, rodents or other pest infestations. Do not let pets use play areas for shelter.

For additional information regarding pets in the child care setting call California Child Care Health Program (CCHP) at (800) 333-3212 and ask for a copy of their Health & Safety Note or visit their Web site at www.childcarehealth.org.

CC HP

Handout #13.2

Insect and Rodent Control

As with many other environmental health issues such as lead poisoning, children are not just smaller versions of adults. They do things which put them at greater risk, like putting everything in their mouth, eating food which has been dropped on the ground, and playing on the floor and in the dirt. They are also more vulnerable to toxic substances because their immature body systems cannot respond as well, and they may store toxins in their bodies for a longer period of time. Therefore, the use of pesticides in the child care setting can be dangerous.

Providers also need to realize the difference between following one set of practices at home with their own families and another set of practices with the children they care for in the child care setting. For example, they might wipe their own child's face with a wash cloth that has been used by another family member, but they should never follow this same procedure in a child care setting. Similar issues arise around using pesticides, over-the-counter medications, feeding practices, and the well known 'spit bath.'

For controlling flying insects, use only approved pyrethrin-based insecticides or a fly swatter in the food preparation areas. Use products in accordance with directions and cautions appearing on their labels. Do not allow insecticides to come in contact with raw or cooked food, utensils, equipment used in food preparation and serving, or with any other food contact surface. Do not use insect strips that hang from the ceiling.

It is not necessary or recommended to use house or furniture sprays when head lice has been identified in your program. They have not been shown to be effective, and they needlessly expose children to toxic pesticides. Vacuuming and disposal of the vacuum bag are sufficient.

Only certified insect control personnel should apply insecticides, and they should do so in a manner approved by the Environmental Protection Agency (EPA). A staff member should monitor where the insecticides are applied to be certain that food preparation surfaces or child contact areas are not contaminated.

Be sure that all doors and windows have screens in good condition. Keep screens closed at all times. Close all openings to the outside to prevent rodents and insects from entering.

Use nontoxic extermination methods, and use only when children are not present.
Use only a certified or licensed exterminator.

Handout #13.3

Keeping Sand Boxes and Sand Play Areas Safe

Children love and learn from the freedom and creativity involved in sand play area activities. Yet an uncovered sand box is an invitation for cats or other animals to defecate or urinate, and therefore is a source of disease transmission.

To prevent contamination and transmission of disease from animal feces in the sand box, make sure they are safe by following these guidelines:

- Sand play areas must be distinct from landing areas for any moving equipment such as slides, swings, etc.
- If less than 10 feet by 10 feet, keep sandboxes covered when not under adult supervision. Fasten the cover to prevent children or animals from getting under it and to prevent contamination by solids or liquids.
- Equip sandboxes with an effective drainage system that presents no safety hazards.
- Use sterilized sand or smooth-surfaced, fine pea gravel in sand boxes instead of compacting sand.
- Make sure anything used in the sandbox is free of health or safety hazards. Play materials should be free from toxic and harmful ingredients. Sand that is used as building material or collected from a site containing toxic materials may be harmful.
- Remove sand contaminated with urine, feces or other toxic substances and replace with fresh sand.
- Sand in the boxes should be washed and free of organic materials. Treatment of sand with chemicals to attempt to sterilize it within the sandbox is not recommended.
- Sandboxes/sand play areas must be inspected for signs of contamination and safety hazards such as cat and other animal feces or insects before each use.
- Sand in sandboxes and play areas must be replaced as needed, and at least every two years.
- Sandboxes should be located away from prevailing winds. If this is not possible, provide windbreaks by using bushes, trees or fences.

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Handout #13.4

No Smoking or Use of Alcohol or Illegal Drugs

Scientific evidence has linked respiratory health risks to passive or secondhand smoke. You should have a written policy stating that smoking tobacco (cigars, cigarettes, or pipes) and using or having illegal drugs are prohibited in your setting at all times, and alcohol use is prohibited when children are in care. Discuss this law with parents and inform them of the dangers of these substances to children.

No children, especially those with respiratory problems, should be exposed to additional risk from the air they breath. Inhaling secondhand cigarette smoke has been linked to respiratory problems in children and is especially dangerous for young infants. Children exposed to cigarette smoke are at increased risk of dying of sudden infant death syndrome and developing bronchitis, pneumonia and ear infections when they get common respiratory infections such as colds. Children with asthma are especially in danger of having their conditions get worse when they are exposed to cigarette smoke. Smoking in rooms other than those occupied by the children is not a sufficient remedy, as smoke gets into the ventilation system and is distributed throughout the building. Therefore, ***no*** smoking should be allowed when children are present.

CCHP

Section 3

Preventive Health Policies

- Health and Safety Policies
- Health History and Immunization Policy for Children
- Health History and Immunization Policy for Providers
- Keeping Health Records
- Exclusion for Illness Policy in the Child Care Setting
- Staff Illness and Exclusion Policy
- Caring for Children with Mild Illness
- Medication Administration Policy
- Communication about Illness in Child Care
- Children with Special Needs
- Emergency Illness Procedures

CC HP

Section 3

Health and Safety Policies

Rationale: Health and safety policies are important because they provide specific guidelines to promote health and safety, and prevent the spread of contagious diseases in the child care setting.

Time: 10-15 minutes

Learning Objectives:

Participants will be able to:

1. Understand the importance of written health policies
2. Identify the components of policies regarding health and safety
3. Understand the role of administrators, caregivers, health consultants, providers and non-teaching staff in developing, implementing and reviewing health and safety policies.

Teaching Methods/ Suggested Activities:

- **Brainstorming**: Ask participants to list some of the topics for which they need to establish written policies.
- **Lecture**: Review the importance of written prevention health policies and the topics to include in your health policies. Review questions to answer when developing health policies. Review the role of administrators, caregivers, health consultants, parents and non-teaching staff in developing, implementing and reviewing health and safety policies. Review the sample format for prevention health policies.
- **Questions/Answers**: Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #14.1: Health and Safety Policies
- Handout #14.2: Sample Illness Policy
- Flip Chart/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments:

- Have participants identify areas in their settings which lack specific policies.
- Generate ideas on how a policy could be implemented.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.

Handout #14.1

Health and Safety Policies

Health policies are important because they provide specific guidelines to promote health and safety in child care programs. Policies should include specific guidelines required by licensing or regulations, best practices and information specific to your setting. All policies need to be discussed with parents when they enroll their child and with staff as part of their orientation.

Which Written Policies Are Recommended?

The Centers for Disease Control and Prevention (CDC) recommend that you establish written policies about the following topics. Some of these policies will be described later in this section.

1. Health History and Immunizations for Children in Child Care
2. Health History and Immunizations for Providers of Child Care
3. Exclusion for Illness
4. Reporting Requirements
5. Emergency Illness or Injury Procedures
6. Children with Special Needs
7. Medication Administration
8. Nutrition/Foods Brought from Home
9. No Smoking or Use of Alcohol or Illegal Drugs

Other Topics to Include in Your Policies

- Injury Prevention
- Managing Injuries and First Aid
- Emergency Preparedness
- Child Abuse/Neglect
- Transportation
- Infant Sleep Position
- Dental Health

Please see Appendix B for a complete list of model policies. Some policies are not needed in a family child care home setting where fewer children are in care. An electronic copy of the text is available from the ECELS page of the Pennsylvania Chapter of American Academy of Pediatrics at www.paaap.org/ecels/model.htm. You may use this version to develop your facility's specific policies.

In developing policies, you should make sure that you:

- Have the equipment, supplies and staff necessary to make the policies work.
- Organize the child care program to support the policies.
- Use proper procedures to support the policies.
- Keep lines of communication open with everyone involved: staff members, parents and children. Assure that all staff, parents and others are educated regarding the policies.
- Have a list of resources to assist families and staff in meeting your policies.

In developing your policies always ask:

- What should be done?
- Why should it be done?
- Who is responsible?
- When will it be done?
- How will it be done?
- How will it be communicated, enforced and monitored?

To prevent the spread of contagious diseases, recommended policies and procedures need to be followed at all times because:

- People can spread an infection to others before showing any symptoms of illness.
- People can carry and spread germs without ever getting sick themselves.
- In a child care setting where people from different families spend many hours together in close physical contact, germs are spread more easily.

Clearly Define the Roles of Caregivers

The qualifications and requirements for each of these roles are defined by the child care license. Centers which receive subsidies from the Department of Education may have different requirements and centers, infant programs, school age, large and small family child care programs each have different requirements for each role.

1. ***The Director or Administrator.*** In large child care facilities the administrator is responsible for overseeing all health services, policies, and procedures in the program.

2. ***Teaching Staff and Licensed Child Care Provider***

3. ***Other Staff and Family Members.*** These include food handlers, janitorial staff, maintenance workers, etc.

4. ***The Child Care Health Consultant.*** Whenever possible, each child care setting should have access to a child care health consultant. Ask your Health Consultant to assist in developing health policies, approve them, and link you with community health resources.

5. ***Parents***

Handout #14.2

Sample Illness Policy

Policy: Children who are mildly ill but do not qualify for exclusion will be accepted for care in the regular program. Children who become ill with excludable symptoms while at the child care program will be cared for away from the group until the child is picked up by an authorized adult. Specialized care plans will be followed.

Purpose: To insure every child a healthy, safe and supportive experience.
To protect the health of everyone in the group.
To assist program staff in meeting all children's needs.
To protect the rights of the family and child.

Procedure:

1. ***Understand the reason for excluding a child.***

    a. The illness prevents the child from comfortably participating in daily activities.
    b. The illness requires more care than the child care staff are able to provide without compromising the health and safety of the other children.
    c. The symptoms or illnesses are any of those specified on the Inclusion/Exclusion Guidelines.

2. ***Conditions for which you would not automatically exclude a child.***

    a. Certain conditions, in the absence of symptoms listed on Inclusion/Exclusion Guidelines, do not require exclusion unless recommended by the child's health care provider or if symptoms appear.
    b. CMV or HIV infection or hepatitis B and C virus carrier state.
    c. Pink eye without yellow/green drainage.
    d. Rash without temperature or behavior changes.
    e. Non-contagious conditions such as chronic medical conditions or disabilities.
    f. Runny nose if the child is feeling well.

The final decision to exclude a child from care is made by the staff of the child care program.

CCHP

Section 3

Health History and Immunization Policy for Children

Rationale: **Immunization must be kept up-to-date in child care settings to reduce the incidence of disease. In California, children are required by law to be up-to-date on their immunizations before they can attend school or child care. Child care providers should be familiar with each child's health and developmental history and current health issues to help explain a child's current behavior and past experience.**

Time: **10-15 minutes**

Learning Objectives:

Participants will be able to:

1. List the reasons why a developmental health history and medical history are important to maintain for each child
2. Review a child's health history with a parent for general health strengths and weaknesses
3. Understand the immunization requirements for child care, read an immunization schedule, and assess whether a child is up-to-date on his/her immunizations

Teaching Methods/ Suggested Activities:

- **Brainstorming**: Ask participants to list what information they need before a child is enrolled in their child care program.
- **Lecture/Video**: Review the importance of the health history and immunization basics. Review the vaccine-preventable diseases and immunization requirements for child care facilities and what the family child care providers need to do.
- **Discussion**: Discuss what they should say to parents after reviewing the child's immunization record and finding that s/he is missing certain immunizations.
- **Questions/Answers**: Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #15.1: Health History and Immunization Policy for Children
- Handout #15.2: Recommended Childhood Immunization Schedule
- Flip Chart/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)
- Sample Immunization Cards (can be obtained from immunization coordinators)
- California Immunization Record (yellow card)
- California School Immunization Record (blue card)
- Windows for Immunizations (pink card)
- Suggested Video: *Bears, Blocks & Blue Cards: Immunization Requirements for Family Child Care*

Questions/Comments:

The law allows permanent or temporary exemptions for medical reasons or if immunizations are contrary to the religious or personal beliefs of the parent/guardian.

Handout #15.1

Health History and Immunization Policy for Children

You need to know the health history and medical emergency information for every child in your care. When a child enrolls in your child care setting, you should find out:

- Where parents can be reached: full names, addresses and work and home phone numbers.
- At least two people to contact if parents can't be reached: phone numbers and addresses.
- The child's regular health care providers: names, addresses and phone numbers.
- The hospital the child's family uses: name, address and phone number.
- The date of the child's last physical examination. Any child who has not had a well-baby or well-child examination recently (within the past six months for children under two years of age and within one year for two- to six-year- olds) should be examined within 30 days of entering your child care setting.
- Any special health problems or medical conditions that a child may have and procedures to follow to deal with these conditions. Examples of conditions needing procedures are allergies, asthma, diabetes, epilepsy and sickle cell anemia. These conditions can cause sudden attacks that may require immediate action. You should know: 1) what happens to the child during a crisis related to the condition; 2) how to prevent a crisis; 3) how to deal with a crisis; and 4) whether you need training in a particular emergency procedure.
- The child's immunization status.
- Whether the child has been evaluated with a TB skin test—only high-risk children in the centers need a skin test.

California regulations require that each child accepted for care in centers has a written medical assessment before or within 30 calendar days. The medical assessment can inform the child care provider about any necessary health related services the child may need. If special care is needed and the provider is willing and able, make sure to get permission from the parent to talk directly with the health care provider.

Immunization Requirements for Child Care

The law requires you to have written proof of each child's up-to-date immunizations. Children attending child care especially need all of the recommended immunizations to protect themselves, the other children, the child care provider and their families. Several diseases that can cause serious problems for children and adults can be prevented by immunization. These diseases are chickenpox, diphtheria, Haemophilus influenzae, meningitis, hepatitis B, measles, mumps, polio, German measles (rubella), tetanus and whooping cough (pertussis).

Parents must present their child's Immunization Record prior to enrollment. Copy the full date (month/day/year) of each shot onto the blue California School Immunization Record card and then determine if the child is up-to-date. Blue cards are available free from the Immunization Coordinator at your local health department. As the child care provider, it is your responsibility to follow up regularly until all shots have been given and recorded.

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Handout #15.2

Recommended Childhood Immunization Schedule

RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULE
(Current as January 2, 2001)

AGE WHEN ENROLLING	IMMUNIZATIONS (SHOTS) NEEDED
2 - 3 months	1 each of Polio, DTaP, Hib, Hep B
4 - 5 months	2 each of Polio, DTaP, Hib, Hep B
6 - 14 months	3 DTaP 2 each of Polio, Hib, Hep B
15 - 17 months	3 each of DTaP and Polio 2 of Hep B 1 MMR and 1 Varicella* on or after the first birthday
18 months - 4 years	3 Polio 4 DTaP 3 Hep B 1 MMR and 1 Varicella* on or after the first birthday

DTaP: Diphtheria, tetanus and pertussis combined vaccine. Record may show DTP or DT
Hib: Haemophilus influenzae type B vaccine
MMR: Measles, mumps and rubella combined vaccine
Hep B: Hepatitis B, required as of August 1, 1997
Varicella: Chickenpox vaccine

You may admit children who are behind on their immunizations, provided the child is up-to-date (no shots are currently due). You must follow up to make sure the next shots are received when they are due.

* Effective 7/1/01, if a child had chickenpox disease and this is indicated on the Immunization Record by the child's health care provider, they meet the requirement.

When Next Shots Are Due

• Polio #2	2 months after first dose
• Polio #3	2-12 months after second dose
• DTaP #2, #3	2 months after previous dose
• Hib #2	2 months after first dose
• DTaP #4	6-12 months after previous dose
• Hep B #2	2 months after first dose
• Hep B #3	Under age 18 months: 2-12 months after second dose Age 18 months and older: 2-6 months after second dose

Exemptions

Although the State Department of Health Services strongly advises that children be immunized, the ultimate decision to immunize or not is that of the parent or guardian. The law allows (a) parents/guardians to claim exemptions to immunization requirements based on their personal beliefs and health care provider's beliefs, and (b) children's physicians can authorize medical exemptions to immunization.

CCHP

Section 3

Health History, Immunization, and Preventive Health Needs of Providers

Rationale: **For their own protection and the protection of others in the child care facility, all child care employees must demonstrate that they are in good health and pose no risk to others in the child care facility.**

Time: **10-15 minutes**

Learning Objectives:

Participants will be able to:

1. Identify the components of a pre-employment screening
2. Identify two strategies for preventing infection in adults: immunization and hygiene
3. Understand the current recommendations for adult immunization
4. Identify staff illness and exclusion standards

Teaching Methods/ Suggested Activities:

- **Brainstorming:** Ask participants to list the health risks for pregnant providers.
- **Lecture:** Review the components of a pre-employment screening as well as special considerations for pregnant women. Review the recommended adult immunization schedule. Review staff illness and exclusion standards.
- **Questions/Answers:** Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #16.1: Health History and Immunization Policy for Providers
- Handout #16.2: Preventive Health Needs of Staff
- Exclusion/Readmission Actions Recommended by CDC (Appendix B)
- Flip Chart/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments:

- Stress the importance of proper staff hygiene.
- Stress the importance of having a substitute policy that works.
- Inform those who do not know that a blood test can be done to determine if they have protective antibodies. If they do not, they can receive the chickenpox vaccine.
- Staff who do not have health insurance will need resources for low-cost health care.
- Staff need adequate, paid sick time to be able to follow staff exclusion guidelines for illness.

Handout #16.1

Health History and Immunization Policy for Providers

As a child care provider, you will be exposed to infectious diseases more frequently than will someone who has less contact with children. To protect yourself and the children in your care, you need to know which immunizations you received as a child and whether you had certain childhood diseases. If you are not sure, your health care provider can test your blood to determine if you are immune to some of these diseases and can vaccinate you against those to which you are not immune. If you are pregnant or may become pregnant, it is important to have protection since some of the vaccine-preventable diseases can harm you and your unborn baby.

Tuberculosis (TB) Testing

Persons who are beginning work as child care providers are required to have a TB skin test to check for infection with the TB germ. Anyone who has a positive result from the skin test should be evaluated promptly by a physician, who will check for active TB.

Recommended Immunizations for Child Care Providers

Child care providers should have received all immunizations routinely recommended for adults.

Influenza (Flu): All child care providers, especially those who have chronic health conditions or are over 65 years of age, should be annually vaccinated against influenza.

Measles, Mumps, Rubella (MMR): Providers born before 1957 can be considered immune to measles and mumps. Others can be considered immune if they have a history of measles or mumps disease, or have received at least one dose of rubella vaccine on or after their first birthday.

Tetanus, Diphtheria (Td): Child care providers should have a record of receiving a series of three doses (usually given in childhood) and a booster dose given within the past 10 years.

Polio: Child care providers, especially those working with children who are not toilet-trained, should have a record of a primary series of three doses (usually given in childhood) and a supplementary dose given at least six months after the third dose in the primary series.

Hepatitis A: Hepatitis A vaccine is not routinely recommended for child care providers but may be indicated if the local health department determines that the risk of hepatitis A in the community is high.

Chickenpox: Child care providers who know they have had chickenpox can assume they are immune. All other providers should consider getting vaccinated because of the high risk of exposure to chickenpox.

Hepatitis B: Child care providers who may have contact with blood or blood-contaminated body fluids (such as bloody noses or cuts), or who work with developmentally disabled or aggressive children, should be vaccinated against hepatitis B with one series of three doses of vaccine.

Handout #16.2

Preventive Health Needs of Staff

An important part of setting health policies is to include those persons who keep the child care service going: yourself and your staff or family. Healthy staff are the key ingredient to quality child care. For this reason, providers must address the health issues and problems that affect staff in order to ensure a quality program.

Ways to Promote Good Adult Health

Unfortunately, many child care providers neglect their personal needs in order to focus on those of the children. It is important to recognize that they can best care for children only when they keep themselves healthy. California requires verified health screening including testing for tuberculosis. The following guidelines were designed for center staff, but are also recommended for family child care providers.

Your staff health policy should specify the following for each type of examination:

- Content of the exam and who can perform the exam
- How often it must occur
- Special examinations for specific positions, if any, such as vision testing for drivers
- Who receives the findings
- Where the examinations can be performed, and who pays for the exam

In order for examinations to be effective, the health professional conducting the exam must know the nature and demands of the adult's job. For instance, a woman planning to get pregnant will need to talk to her doctor about infectious diseases, or a chronic lower back problem may not interfere with the job performance of a social worker, but would surely affect the teacher of a toddler group.

Pre-Employment Screenings

Ideally, the results of a health screening should be received before a job offer is made final and before contact with the children begins. In practice, this is difficult to do—but doing it is still very important. It is hard to address health concerns after an individual has begun to develop relationships in your setting. An exam that follows actual employment may reveal health problems to which other staff and the children have already been exposed.

It is recommended that a pre-employment health screening include:

- Assessment of emotional and physical fitness, including vision and hearing
- Assessment for the presence of contagious disease, including a Mantoux tuberculosis test (also required for volunteers)
- Review of immunization status and history of childhood illness
- Assessment and recommendations for specific medical conditions
- Additional assessment for the risk of exposure to chickenpox, cytomegalovirus (CMV), measles, mumps, hepatitis B, herpes, fifth disease and HIV, all of which may cause fetal damage, should be considered if the woman is of childbearing age or planning a pregnancy.

Infectious Disease in Child Care Employees

Infectious diseases are common in child care programs. Most are not serious and would probably spread at a similar rate from children to adults in a large family setting. However, since child care staff care for a number of young children, many of whom cannot control their secretions and have not yet learned principles of hygiene, there is the potential for the spread of infections to the employee. Employees may infect other employees, children, family members, and in the case of a pregnant employee, the fetus. Therefore, it is important that employees be familiar with the infections that are common in the child care setting, and the measures they can take to prevent them. For details on these infections and ways to reduce their spread, see "Information on Specific Diseases" (Appendix C).

The two important barriers which help prevent the spread of infection are *immunization* and *universal precautions.*

Health Risks for Pregnant Child Care Providers

Knowing your health history is especially important if you are pregnant or could become pregnant and are providing child care. Several childhood diseases can harm the unborn child, or fetus, of a pregnant woman exposed to these diseases for the first time. These diseases are:

1. Chickenpox (Varicella Virus): First-time exposure to this virus during pregnancy may cause miscarriage, multiple birth defects or severe disease in newborns. Chickenpox can be a serious illness in adults. Most people (90 to 95 percent of adults) were exposed to chickenpox as children and are immune. For women who do not know if they had chickenpox as a child, a blood test can verify their immune status.

2. Cytomegalovirus (CMV): First-time exposure to CMV during pregnancy may cause hearing loss, seizures, mental retardation, deafness and/or blindness in the newborn. In the United States, CMV is a common infection passed from mother to child at birth. Providers who care for children under two years of age are at increased risk of exposure to CMV. Most people (and 40 to 70 percent of women of childbearing age) have been exposed to CMV and are immune.

3. Fifth Disease (Slapped Cheek): First-time exposure to fifth disease during pregnancy may increase the risk of fetal damage or death. Most people (and 30 to 60 percent of women of childbearing age) have been exposed to the virus and are immune.

4. Rubella (German or Three Day Measles): First-time exposure to rubella during the first three months of pregnancy may cause fetal deafness, cataracts, heart damage, mental retardation, miscarriage or stillbirth. Rubella can also be a severe illness in adults.

   Child care providers can be considered immune only if (a) they have had a blood test for rubella antibodies and the laboratory report shows antibodies, or (b) they have been vaccinated against rubella on or after their first birthday. Providers who are not immune should be vaccinated. After vaccination, a woman should avoid getting pregnant for three months.

CC HP

Section 3

Keeping Health Records

Rationale: **Child care providers should be familiar with each child's health history and current developmental health issues to help explain a child's current behavior and past experience.**

Time: **8-15 minutes**

Learning Objectives:

Participants will be able to:

1. List reasons why it is important to maintain a developmental health history for each child
2. Review a child's health history with a parent for general health strengths and weaknesses
3. Identify preventive health needs of children in their care

Teaching Methods/ Suggested Activities:

- **Brainstorming**: Ask participants to list the health records that a child care program needs to obtain.
- **Lecture**: Review reasons why it is important to maintain a developmental health and medical history on each child. Review the contents of medical records.
- **Questions/Answers**: Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #17: Keeping Health Records
- Flip Chart/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments:

- Not all children have access to good preventive health care. The preventive health schedule is useful if a provider has special concerns about a child's development that may require a screening referral.
- If a low-income family does not have a regular health care provider, information on the Child Health and Disability Program, Medi-Cal eligibility and low-cost insurance can be obtained by calling the Healthline at 1-800-333-3212.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.

CCHP

Handout #17

Keeping Health Records

It is required that child care centers obtain a medical record and a detailed developmental health history for each child in the program. Maintain the file for each child in one central location within the setting. It is recommended that family child care providers also do this, but it is not required in California.

All child care providers should become familiar with this information. In addition to obtaining health data for individual children, child care staff must learn how to deal with their specific needs. For instance, asthma is very common in early childhood. If you have a child with asthma in your program, review the history of treatment and current medications. It is important that each provider and staff member know the child's physical history, including allergies. Obtain permission (both oral and written) before any medication is given to a child.

In California, a new law (AB 221 Blood Glucose Monitoring - Finger Stick) authorizes blood glucose testing for the purpose of monitoring a child with diabetes. Required documents include written instructions from the child's medical provider on how to conduct the test, how to determine if results are in the acceptable range, any restrictions in activities or diet, how to recognize the signs of low/high glucose level and any actions to be taken.

The medical record on file for each child should include a medical report completed and signed by the child's health care provider, preferably prior to enrollment or no later than six weeks after admission. The medical report shall include the following medical and developmental information:

(1) Records of the child's immunizations
(2) A description of any disability, sensory impairment, developmental variation, seizure disorder, or emotional or behavioral disturbance that may affect adaptation to child care
(3) An assessment of the child's growth
(4) A description of health problems or findings from an examination or screening that need follow-up
(5) Results of screenings–vision, hearing, dental, nutrition, developmental, tuberculosis, hemoglobin, urine, lead, etc.
(6) Dates of significant communicable diseases (e.g., chickenpox)
(7) Prescribed medication(s), including information on recognizing, documenting and reporting potential side effects
(8) A description of current acute or chronic health problems under or needing treatment
(9 A description of past serious injuries that required medical attention or hospitalization
(10) Special instructions for the caregiver

In California a new TB Skin Policy has been introduced. Effective August 22, 1997 the skin test for tuberculosis (Mantoux) is not required for children in family child care programs unless the child's medical provider concludes that s/he is at risk for TB.

CCHP

Section 3

Exclusion for Illness

Rationale: **Excluding children with many mild infectious diseases is likely to have only a minor impact on the incidence of infection among other children in the child care and the staff. A clear, up-to-date exclusion policy that is shared with parents will help avoid conflict between child care providers, parents and health care providers. When formulating exclusion policies, focus on the needs and behavior of the ill child and ability of the staff in the child care setting to meet those needs without compromising the care of other children in the group.**

Time: **8-15 minutes**

Learning Objectives:

Participants will be able to:

1. Understand the importance of a clear and up-to-date exclusion policy
2. Understand the reasons for excluding a child and the symptoms that require exclusion or immediate medical help

Teaching Methods/ Suggested Activities:

- **Brainstorming**: Ask participants to list the conditions for excluding a child from care.
- **Lecture**: Review the importance of a clear and up-to-date exclusion policy. Review the conditions for excluding a child from care. Review what to do if a child requires exclusion.
- **Case Study**: Give participants a few cases of children with different conditions and ask them to discuss what they would do.
- **Questions/Answers**: Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #18.1: Exclusion for Illness in the Child Care Setting
- Handout #18.2: Staff Illness and Exclusion Policy
- Flip Chart/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments:

- Stress that the final decision to exclude a child from child care is made by the child care program.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.

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Handout #18.1

Exclusion for Illness in the Child Care Setting

Keeping children healthy is a partnership between parents, child care providers, the children themselves and the medical provider. Only a few illnesses require exclusion of sick children to ensure protection of other children and staff.

Reasons to Exclude a Child

1. The illness prevents the child from participating comfortably in routine activities.
2. The illness requires more care than the child care staff are able to provide without compromising the health and safety of the other children.
3. The illness is any of the specifically diagnosed conditions listed below.

Symptoms that Require Exclusion of a Child

1. *Fever along with behavior change or other signs of illness* such as sore throat, rash, vomiting, diarrhea, earache, etc. Fever is defined as having a temperature of 100° F or higher taken under the arm, oral temperature of 101° F or greater, and rectal temperature of 102° F or greater. Oral temperatures should not be taken on children younger than four years of age. Rectal temperatures are no longer recommended in the child care setting (have an accurate, easy to use thermometer in your First Aid kit).
2. *Symptoms and signs of possible severe illness* until medical evaluation allows inclusion. May include unusual tiredness, uncontrolled coughing or wheezing, continuous crying or anger, or difficulty breathing.
3. *Diarrhea*—runny, watery or bloody stools.
4. *Vomiting* more than once in the period of 24 hours.
5. *Body rash with fever or behavior change.*
6. *Sore throat with fever and swollen glands or mouth sores with drooling.*
7. *Eye discharge*—thick mucus or pus draining from eye, or pink eye (viral conjunctivitis usually has a clear, watery discharge and may not require medication or exclusion).
8. *Head lice.*
9. *Severe coughing* in which the child gets red or blue in the face or makes a high-pitched whooping sound after coughing.
10. *Impetigo,* until 24 hours after treatment has been initiated.
11. *Tuberculosis,* until a health care provider states that the child can attend child care.
12. *Hepatitis A, chicken pox, mumps, measles, rubella or shingles.*
13. *Child is irritable, continuously crying,* or requires more attention than you can provide without compromising the health and safety of other children in your care.

For a detailed list and duration of exclusion please see Appendix B.

Handout #18.1

Conditions that Do Not Require Exclusion

Certain conditions do not require exclusion, or sending a child home from child care, unless the child is suspected by a health department authority to contribute to transmission of the illness at the facility.

If the reason for exclusion is based on whether the child has a communicable illness that posess a risk to other children in the group, different health professionals in the community might give conflicting opinions. In these cases, the local health department has the legal authority to make a determination.

The conditions that do not require exclusion include:

1) Presence of germs in urine or feces in the absence of illness symptoms. Exceptions include children infected with highly contagious organisms capable of causing serious illness such as E. coli 0157:H7, shigella or salmonella.

2) Non-purulent conjunctivitis, defined as pink conjunctiva with a clear, watery eye discharge and without fever, eye pain, or eyelid redness.

3) Rash without fever and without behavior changes.

4) Diagnosed CMV infection.

5) Carrier of hepatitis B virus, provided that children who carry HBV have no behavioral or medical risk factors, such as unusually aggressive behavior (biting, frequent scratching), generalized dermatitis, or bleeding problems.

6) HIV infection, provided that the health, neurological development, behavior, and immune status of an HIV-infected child are appropriate as determined on a case-by-case basis by qualified persons, including the child's health care provider, who are able to evaluate whether the child will receive optimal care in the specific facility being considered and whether that child poses a potential threat to others.

What to Do If a Child Requires Exclusion

- Immediately separate the child from the other children in such a way that the child can be seen and supervised, and does not feel punished in any way.
- Contact the parents to have the child picked up as soon as possible.
- Continue to observe the child for other symptoms.
- If the child does not respond to you, is having trouble breathing, or is having a seizure, call 9-1-1.
- Document your actions in the child's chart with date, time, symptoms, actions taken, by whom, and be sure to add your signature.

When to Get Help Immediately

Some conditions, require immediate medical help. In emergencies, call the Emergency Medical System (EMS) or 9-1-1 immediately. Once 9-1-1 is on its way, then call the parents and the child's health provider.

Tell the parent to come right away, and get medical help immediately when any of the following things happen:

- An infant under four months of age has an axillary (armpit) temperature of 100° F or higher.
- A child over four months of age has a temperature of 105° F or higher.
- An infant under four months of age has two or more forceful vomiting episodes (not the simple return of swallowed milk or burp-up) after eating.
- Any child looks or acts very ill or seems to be getting worse quickly.
- Any child has neck pain when the head is moved or touched.
- Any child has a stiff neck or severe headache.
- Any child has a seizure for the first time.
- Any child acts unusually confused.
- Any child has uneven, different-sized pupils (black centers of the eyes).
- Any child has a blood-red or purple rash made up of pinhead-sized spots or bruises that are not associated with injury.
- Any child has a rash of hives or welts that appears quickly.
- Any child breathes so fast or hard that he or she cannot play, talk, cry or drink.
- Any child has a severe stomach ache that causes the child to double up and scream.
- Any child has a stomach ache without vomiting or diarrhea after a recent injury, blow to the abdomen or hard fall.
- Any child has stools that are black or have blood mixed through them.
- Any child has not urinated in more than eight hours, and the mouth and tongue look dry.
- Any child has continuous, clear drainage from the nose after a hard blow to the head.

The final decision whether to exclude a child from child care is made by the child care program.

Handout #18.2

Staff Illness and Exclusion Policy

Like children, adults are also capable of transmitting communicable diseases. A child care provider should be temporarily excluded from providing care to children if she or he has one or more of the following conditions:

Condition	Exclude from Child Care Setting
Chickenpox	Until six days after the start of rash or when sores have dried/crusted.
Shingles	Only if sores cannot be covered by clothing or a dressing; if not, exclude until sores have crusted and are dry. A person with active shingles should not care for immune-suppressed children, or work with immune-suppressed staff or parents.
Rash with fever or joint pain	Until diagnosed not to be measles or rubella.
Measles and Rubella	Until six days after rash starts.
Vomiting	If two or more episodes of vomiting during the previous 24 hours, or if accompanied by a fever, until vomiting resolves or is determined to be due to such noninfectious conditions as pregnancy or a digestive disorder.
Pertussis (whooping cough)	Until after five days of prescribed antibiotic therapy.
Mumps	Until nine days after glands begin to swell.
Diarrheal illness	If three or more episodes of loose stools during previous 24 hours, or if diarrhea is accompanied by fever, until diarrhea resolves.
Hepatitis A	For one week after jaundice appears or as directed by health department, especially when no symptoms are present.
Impetigo (a skin infection)	Until 24 hours after prescribed antibiotic treatment begins and lesions are not draining.
Active Tuberculosis (TB) [not a positive skin test only]	Until the local health department approves return to the setting.
Strep throat (or other streptococcal infection)	Until 24 hours after initial antibiotic treatment, and fever has ended.
Scabies/head lice/etc.	Until after the first treatment; scabies until treatment has been completed.
Purulent Conjunctivitis	Until 24 hours after prescribed treatment has begun.
Haemophilus Influenza Type b (Hib)	Until the prescribed antibiotic treatment has begun.
Meningococal Infection	As specified in specific disease section of this manual.
Respiratory Illness	If the illness limits the staff member's ability to provide an acceptable level of child care and compromises the health and safety of children or other staff.
Herpes cold sores	Should cover and not touch their lesions, carefully observe hand washing policies and must not kiss or nuzzle infants and children, especially those with dermatitis.
Other conditions mandated by state public health law	As required by law (consult your local health department).

Health Limitations of Child Care Staff

It is recommended that child care providers and volunteers have a health care provider's release to return to work in the following situations:

a. When they have experienced conditions that may affect their ability to do their job (such as pregnancy specific injuries or infectious disease).

b. After serious or prolonged illness.

c. Before return from a job-related injury.

During the course of an identified outbreak of any communicable illness in the child care setting, if the health department or health consultant determines that he/she is contributing to the transmission of the illness at the setting.

Section 3

Caring for Children with Mild Illness

Rationale: Many children with illness, particularly mild respiratory-tract illnesses without fever, can continue to attend their usual child care facility. Excluding these children from child care is not recommended by the National Health and Safety Standards. A policy regarding caring for these children will help providers make decisions about which children can remain in care and which should be sent home. Child care facilities should specify in their policies the severity levels of illness they can handle, and their plan of care should be approved by their health consultant.

Time: 10-15 minutes

Learning Objectives:

Participants will be able to:

1. Identify issues for parents and the child care program about caring for sick children

Teaching Methods/ Suggested Activities:

- **Lecture**: Review issues for the child care program about caring for sick children. Review issues for parents about caring for sick children.
- **Questions/Answers**: Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #19: Policy Regarding Caring for Children with Mild Illness
- Flip Chart/Chalkboard/Whiteboard
- VCR and Monitor (if showing video)
- Overhead Projector (if using transparencies)

Questions/Comments:

- Many children probably have spread illness before they develop symptoms.
- Children receiving medication usually are not contagious after a day's worth of treatment.
- Stress appropriate reasons to exclude mildly ill children from care (communicable disease, child does not feel well, not enough staff to care for the sick child).
- Hand washing, cleaning and disinfecting, and universal precautions are the most effective methods of reducing spread of illness to others.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.

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Handout #19

Caring for Children with Mild Illness

Young children enrolled in child care have a high incidence of illness such as upper respiratory tract infections, including otitis media and other temporary conditions such as eczema, diarrhea and exacerbation of asthma that may not allow them to participate in the usual activities. Most child care settings will need to provide at least temporary care for ill children. If a child becomes ill during the day, providers can help manage the illness and keep the child comfortable until a designated adult arrives.

Basic Issues for Decision-Making

A. Set Policies and Know When to Be Flexible

Many health policies concerning the care of ill children have been based upon common misunderstandings about contagion, risks to ill children, and risks to other children and staff. Current child care research clearly shows that certain ill children *do not* pose a health threat. Also, the research shows that keeping certain *other* mildly ill children at home or isolated at the child care setting *will not* prevent other children from becoming ill.

Appropriate reasons to exclude mildly ill children are:

- The child's disease is highly communicable.
- The child does not feel well enough to participate.
- The staff is not able to care for sick children in the child care setting.

Severity Level:

Decisions should be made on a case-by-case basis. Child care facilities should specify in their policies what severity levels of illness they can handle and their plan of care should be approved by their health consultant.

- *Severity Level 1*: Child feels well enough and shows high interest in participating in activities because of an absence of symptoms of illness such as recovery from pink eye, rash or chicken pox. Appropriate activities for this level include most of the normal activities for the child's age and developmental level, including both indoor and outdoor play. For full recovery, children at this level need no special care other than medication administration (according to the policy) and observation.

- *Severity Level 2*: Child's demonstrates a medium activity level because of symptoms such as low-grade fever. Child may also be at the beginning or recovery period of an illness. Appropriate activities include crafts, puzzles, table games, fantasy play, and the opportunity to move about the room freely.

- *Severity Level 3*: Child's activity level is low because of symptoms that prevent much involvement. Appropriate activities are sleep and rest; light meals and liquids; passive activities such as stories and music; and for children who need physical comforting, being held and rocked (especially children under three years of age).

Handout #19

Ways to manage ill or infected children:

The major options for management of ill or infected children in child care and for controlling spread of infection include the following:

1) Antibiotic treatment, prophylaxis or immunization when appropriate.
2) Exclusion of ill or infected children from the facility.
3) Provision of alternative care at a separate site (such as care in the child's own home, care in a small family-child-care home, care in the child's own center with special provisions designed for the care of ill children, or care in a separate center that serves only children with illness and temporary disabilities).
4) Limiting admission of newly enrolled children.
5) Closing facility (a rarely exercised option).

For more information and recommendations for controlling the spread of specific infectious disease, please see Appendix C.

B. Issues for Providers to Consider

When you need to decide whether to keep a mildly ill child at your child care setting, ask these questions:

- **Are there sufficient staff** (including volunteers) to change the program for a child who needs some modifications such as quiet activities, staying inside or extra liquids?
- **Are staff willing and able to care for a sick child** (wiping a runny nose, checking a fever, providing extra loving care) without neglecting the care of other children in the group?
- **Is there a small space where the mildly ill child can rest if needed?** Is there a space that might be used as a "Get Well Room" which meets California standards so that several children could be cared for at once? Is the child familiar with the caregiver?
- **Are parents able or willing to pay extra for sick care** if other resources are not available, so that you can hire extra staff as needed?
- **Have parents made arrangements prior to illness** for pick-up and care of ill children if they are not available?

C. Issues for Parents to Consider

When parents need to decide whether or not to send a child to child care, they must weigh many facts such as how the child feels (physically and emotionally), the child care program's ability to serve the needs of the mildly ill child, and income/work lost by staying home.

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Section 3

Medications Administration Policy

Rationale: **Some children in your child care facility may need to take medications during the hours that you provide care for them. Before taking responsibility for the administration of medicine your facility must have clear, accurate instruction and medical confirmation of the child's need for medication while in the child care facility. Child care providers should not be involved in inappropriate use of drugs based only on a parent's desire to give the child medication.**

Time: 10-15 minutes

Learning Objectives:

Participants will be able to:

1. Describe when it is correct to give medication
2. Understand what medications can be given safely
3. Realize who should give medications
4. Understand what medication you can accept and administer
5. Understand which records should be maintained and where

Teaching Methods/ Suggested Activities:

- **Brainstorming**: Ask participants to list what medications they have given in the child care setting.
- **Lecture**: Review when it is correct to give medication, which medications can be given safely, who should give medication, and which records should be maintained and where.
- **Discussion**: Discuss what medication you can accept and administer, and who should be the person responsible for administering it.
- **Questions/Answers**: Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #20: Medication Administration Policy
- Flip Chart/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments:

- Stress the five "RIGHTS" of administering medicine.
- Stress the importance of checking the authorization form and recording when medication is given.
- Be sure to keep the records in the child's file at the end of the day.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.
- Ask participants where they can place the medication form. Ideally it should be at the child care entry point so that parents can sign it and can check it at the end of the day. There is no need to keep a separate center log, but it should be kept confidential.

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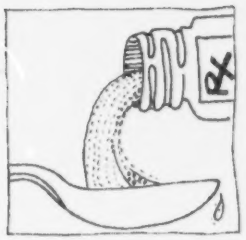
Handout #20

Medications Administration Policy



Some children in your child care setting may need to take medications during the hours you provide care for them. The administration of medicines at the child care facility should be limited to prescribed or nonprescription medication prescribed/recommended by a health care provider for a specific child. Before agreeing to give any medication, whether prescription or over-the-counter (OTC), you should obtain written permission from the parent. Also, check with your local child care licensing agency regarding local regulations on administering medications. If you need to administer medications, they must be given to the right child, in the correct amount (dose), way, and at the right time.

Have a Written Policy

Child care facility should have a written policy for the use of prescription and nonprescription medication. Your medication policy should cover use of any commonly used nonprescription medication. Your health consultant could be helpful in preparing such a policy as it relates to acetaminophen, sunscreen, syrup of ipecac, etc.

Child care providers need to be aware of what medication the child is receiving, who prescribed the medicine and when, and what the known reactions or side effect may be if a child has negative reaction to the medicine.

In the child care setting it is justified to give medications if:

- Dosage cannot be adjusted so that it can be taken before and after child care.
- A child has chronic health conditions (*e.g.* asthma, diabetes) which may require urgent administration of medicine.
- Refusal to administer the medication would pose a significant hardship, such as requiring the child's absence from child care to recover from an illness when the child is well enough to attend child care (e.g. ear infection after the first day or so).

Medications Which Can Be Given Safely

The administration of medications at the child care program shall be limited to:

1. Prescribed medications ordered by a health care provider for a specific child and a specific illness
2. Nonprescription medications recommended by a health care provider for a specific child, with written permission of the parent or legal guardian, referencing a written or telephone instruction received by the child care program from the health care provider
3. Medications which responsible staff have been trained to administer including oral, topical, nasal, ear and eye
4. Medications which bear their original prescription label or a manufacturer's label and which are provided in safety lock containers, transported safely with regard to temperature, light and other physical storage requirements
5. Medications for which all the criteria on the program's approval form have been met

Medication Which You Can Accept to Administer

Make sure that any prescribed medication parents may give you meets the following criteria:

- The first and last name of the child are on the container.
- The medication has been prescribed by a licensed health professional. Check to see that the name and phone number of the health professional who ordered the medication are on the container.
- The medication is in the original package or container.
- The container shows the date the prescription was filled.
- The container has an expiration date.
- The container has specific instructions for administering, storing and disposing of the medication.
- The container is childproof.
- The medication is for the current episode of illness.

All medications, refrigerated or unrefrigerated, shall:

- Have child-protective caps.
- Be kept in an orderly fashion.
- Be stored away from food.
- Be stored at the proper temperature.
- Be inaccessible to children.
- Not be used beyond the date of expiration.
- Be given only for the purpose identified in the label/prescription.
- Be clearly labeled with the child's name.

Who Should Be the Person Responsible for Administering Medication?

Someone who:

- Has designated time for administering medications
- Has been trained to administer the type of medication as required by protocol of the local health consultant
- Will assure safe storage and disposal of medication
- Has access to locations where medication is stored and administration records are kept
- Knows the children to whom the medication is to be given
- Knows about the potential reactions to the medications to be administered, and how to respond to such reactions
- Knows when and how to contact parents, pharmacists or health providers to clarify the need and instructions for administration of medication in child care

Which Records Should Be Maintained?

A medication record maintained on an ongoing basis by designated staff shall include the following:

1. Specific, signed parental consent for the caregiver to administer the specific medication
2. Prescription by a health care provider, if required
3. Administration log listing names, dates, time, dose and medication names
4. Checklist of information on medication brought to the setting by the parents

Handout #20

Remember these five "rights" when you give medicines:

The right **CHILD**
The right **MEDICINE**
The right **DOSE**
The right **ROUTE** (by mouth, or on skin, etc.)
The right **TIME**

Rational use of antibiotics

Antibiotics are powerful drugs that kill bacteria that cause disease. If a child in your care has a bacterial infection, his/her health care provider may prescribe a specific type of antibiotic for a specific period of time.

Antibiotic resistance is a growing concern and a major public health problem. More than 235 million doses of antibiotics are prescribed annually in the US of which 20 to 50 percent are unnecessarily prescribed. The rise in antibiotic resistance prolongs illness, increases illness rates and results in higher and unnecessary health care costs.

Approximately three-fourths of all outpatient antibiotic prescriptions for children are given for five upper respiratory tract conditions—ear infection, sinusitis, cough illness/bronchitis, sore throat, and nonspecific upper respiratory tract infection or the common cold.

Health care providers report that many parents, often asked by child care providers, try to pressure them into dispensing unnecessary antibiotics. Children treated with an antibiotic are at increased risk of becoming carriers of resistant bacteria. Carriers of a resistant strain who develop illness from that strain are more likely to fail antibiotic therapy. In some conditions, therefore, such as ear infection with fluid, observation without antibiotic therapy is the preferable option, while in other conditions such as the common cold or cough, antibiotic therapy is not indicated.

Child care providers can play a very important role in changing parents' awareness and understanding regarding the responsible use of antibiotics by having exclusion policies that do not exclude children unnecessarily or until a prescription is obtained.

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Section 3

Communication about Illness in Child Care

Rationale: **It is the duty of child care staff to report certain diseases to the licensing agency and the public health department, which may then conduct an investigation and take appropriate measures to prevent further spread of contagious diseases.**

Time: **10-15 minutes**

Learning Objectives:

Participants will be able to:

1. Identify issues for parent/provider communication
2. Communicate with a child's health care provider
3. Understand what diseases are reportable in California

Teaching Methods/ Suggested Activities:

- **Brainstorming:** Ask participants to list the issues for communicating with parents.
- **Lecture:** Review issues for communicating with parents and procedures for communicating with a child's health care provider. Review a sample letter to parents and a list of reportable diseases in California.
- **Questions/Answers:** Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #21: Communicating about Illness in Child Care
- Flip Chart/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)
- Sample Physician's Report, Authorization for Access to Release of Medical Information.

Questions/Comments:

- Discuss the important times and methods for communicating with parents.
- Communicate without judgement: do not criticize anyone's parenting skills.
- Stress the importance of communicating new knowledge gained on health and safety issues in newsletters, notes, handouts, posted information—any method you can think of that will reach a particular parent group.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.

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Handout #21

Communicating about Illness in Child Care

Parents are the primary teachers and role models for young children. When parents are asked what is the most important thing they look for when seeking child care, a healthy and safe environment is at the top of the list. With this in mind, child care providers must include parents in their efforts to create healthy environments and teach healthy habits to the children in their child care program.

The child care providers enrolled in the health and safety class may be new providers, or experienced providers who are taking the course for the first time or repeating the class to refresh their knowledge and assure they are up-to-date. Whatever their knowledge level, they should communicate all health and safety messages in the curriculum to parents.

There are several important times and methods for communicating with parents, so please be sure these are discussed throughout the module:

- Communicate without judgement: do not criticize anyone's parenting skills.
- Review all health and safety policies prior to enrolling a child. The health and safety of their children is a top priority for parents, so this review will reassure them that the provider will be working to promote the well-being of the children in their care.
- Communicate any changes in health and safety policies at parent meetings, by written notice in the primary language of the parent (when possible), and informally as you greet the parents at the beginning and end of the day.
- Communicate new knowledge gained on health and safety issues in newsletters, notes, handouts, posted information—any method you can think of that will reach a particular parent group.

All of the steps above will demonstrate to the parents that the child care provider is working in the best interest of the children in their care.

Communication with the Child Care Health Consultant

Since few child care staff are trained as health professionals, each child care program should have access to a child care health consultant who can provide consultation and technical assistance on child health issues. This consultant should have expertise in child health and development, knowledge about the special needs of children in out-of-home child care settings, and the ability to link with public health resources.

The child care health consultant's basic function is to enhance the quality of child care programs by promoting optimal health and safety standards. The health consultant should seek to establish a relationship with child care providers; identify, implement, and evaluate strategies to achieve quality child care; establish basic health and safety operational guidelines and plans for the child care program and provider; and serve in a liaison capacity to other health professionals and community organizations. The child care health consultant service can range from providing information over the telephone to more extensive services on-site. The health consultant must work closely with the local public health and child care resource and referral agencies.

The child care health consultant can:

- Underscore the importance of a primary health care provider to serve as the "medical home" for each child.
- Link staff, families, and children with community health resources.
- Ensure a system for communication among the child care provider, parent, and primary health care provider and consult when health issues arise.

- Perform on-site assessments of the child care environment and/or program operations.
- Assist child care providers in developing general policy statements and an annual plan for the child care program (e.g. management of infectious diseases, fevers, use of medications, exclusion policies, injury prevention and nutrition guidelines).
- Provide telephone consultation to child care providers as health and safety issues arise concerning specific policies and procedures.
- Help child care providers obtain, understand, and use information about the health status of individual children and staff.
- Educate children, their families, and child care providers about child development, mental and physical health, safety, nutrition, and oral health issues.
- Help identify and implement health and safety improvement plans.
- Educate and collaborate with licensing staff and policy makers to improve regulations, inspections, resources, and policies that promote inclusive, safe and healthy child care.

Communication with the Health Care Provider

Most child care programs communicate with the health care provider through the parent. If a child appears sick, you can ask the parent to take the child to a health care provider. To communicate your concerns, send along a "Form for Communication with the Health Care Provider" (Appendix B), develop your own form or just write a simple note. The purpose of your communication is to share your specific observations about a child (and perhaps some information about your program) and to get an opinion about the child's condition, as well as recommendations on when a child can return to care.

Usually confidentiality limits your talking directly to a child's doctor or clinic. So if you want specific information about a child's acute or chronic condition, you must get written authorization to do so (see "Sample Authorization Form for Release of Medical Information," Appendix B).

Before you call, summarize your concerns and jot down the questions you want answered. While you may have opinions about what is wrong or what should be done, it is often useful to first describe what you have observed and listen to the health care provider's opinion. It can be helpful to repeat back your understanding of any recommendations and, if there is disagreement, ask for clarification.

Parent-Provider Communication

Just as child care providers have an obligation to report when children in care are exposed to a contagious disease, parents have the same obligation to report diseases to the child care program within 24 hours of a diagnosis, even if they keep their child at home. That way, the child care provider can alert other parents to watch for signs of that illness in their children and seek medical advice when necessary. You can use the "Notice of Exposure to Contagious Disease" (Appendix B), or a notice developed by your health consultant. Use "Information on Specific Diseases" (Appendix C) to prepare the exposure notice. The confidentiality of the child should be maintained. You should not report the name of the child or other family member who is ill. When you report to your local health department, the parents of the child must be informed that you are required to report the disease and so is the health care provider. Also let them know you will be sending home exposure notices to parents but will not mention any names.

Reporting Requirements

When you know that a child has a contagious illness, you may need to take special measures so that the sickness does not spread to others. Some diseases or conditions must be reported to the local health department, child care licensing and others. Parents need to be informed that their child was exposed.

Suspected child abuse or neglect must also be reported. In California, report to Child Protective Services. Check with the local authorities in your area to identify the appropriate reporting agency. You also should inform parents of this reporting requirement.

CC HP

Section 3

Children with Special Needs

Rationale: **Children with developmental disabilities, chronic illnesses or impaired immunity warrant special consideration, either because they are unusually susceptible to infection or because they may infect other children.**

Time: **10-15 minutes**

Learning Objectives:

Participants will be able to:

1. Identify special considerations in caring for mildly ill children with developmental disabilites, chronic illnesses or impaired immunity

Teaching Methods/ Suggested Activities:

- **Brainstorming**: Ask participants to list the issues they may consider before admitting a child with special needs to their setting.
- **Lecture**: Review issues in special populations such as children with developmental disabilities, chronic illnesses and impaired immunity.
- **Questions/Answers**: Respond to any questions that the group may have, ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required:

- Handout #22: Children with Special Needs
- Flip Chart/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments:

- There are many advantages in accepting children with differing needs, as specified by law in the *Americans with Disabilities Act* or ADA.
- Emphasize that certain children require special treatment and additional guidance in their care.
- Programs are required to make reasonable accommodations for children with special needs.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.
- Many children with special needs have difficulty with feeding, including delayed attainment of basic swallowing, chewing and independent feeding skills. Food, utensils and equipment, including furniture, may have to be adapted to meet the developmental and physical needs of individual children.

CCHP

Handout #22

Children with Special Needs

Children with developmental disabilities, chronic illness or weak immune systems warrant special consideration either because they are unusually susceptible to infection or because they may infect other children.

1. Children with Developmental Disabilities

In general, children with developmental disabilities are not particularly vulnerable to infection and require no special precautions or procedures. A few categories of disabilities are associated with higher rates of infection, however, such as children with spina bifida, cerebral palsy or Down syndrome.

The Americans with Disabilities Act (ADA) protects individuals with disabilities and requires that every effort be made to reasonably accommodate disabilities. Child care providers are expected to modify their basic policies, practices and procedures to make reasonable accommodation to include children with disabilities in their programs. In most cases, such accommodation is compatible with a safe and healthy environment from which all the children in the child care setting can benefit.

Child care providers must offer services in the most natural setting appropriate to the needs of the individual. In addition to making physical changes such as installing ramps, wide doors and restrooms that can accommodate children in wheel chairs, you may need to provide for a child's special physical, emotional or psychological needs. Other special needs may include assistance in feeding, following special dietary requirements, giving medicines and/or performing medical procedures, and ensuring that special equipment is functional or is used properly. There is help available through many different programs to assist providers in properly caring for children with special needs.

Before you admit a child with developmental disabilities, make sure that you can comfortably answer the following questions:

1. Does the child's disability require more care than you are reasonably able to provide?
2. Do you have the skills and abilities needed to perform medical or other duties required for the child's care, or can you readily acquire those skills?
3. Is your child care program equipped to meet the health and safety needs of this child?
4. Is the extra time you will need to devote to taking care of this child more than you can handle without putting the other children in your care at increased risk for illness or injury, or without causing you to neglect their needs?

The *Americans with Disabilities Act* requires that as a provider responsible for all the children in your care, you should ensure that the extra demands on your time to care for a child with special needs are supported with additional resources, including help from experts. You should work with the child's parents and health care professionals to make sure that you have the support you need.

Many child care providers are concerned that certain infections acquired before or around the time of birth (*e.g.*, rubella, CMV, herpes simplex, hepatitis, and AIDS) may persist and be spread to other children or staff members. In some cases, these congenital infections pose a very small risk to others, and with proper precautions, affected children may safely participate in most child care or educational programs. In other cases, special precautions are warranted.

Handout #22

2. Children with Chronic Illness

Children with chronic illnesses, weakness or malnutrition are particularly vulnerable to infection. For example, infants who were premature, children who have chronic lung disease and children with cystic fibrosis frequently have a higher than average incidence of respiratory infections. Similarly, children with congenital heart disease may have unusual difficulty with some respiratory viruses. Children with diseases or structural abnormalities of the urinary tract are highly vulnerable to infections of the bladder and kidneys. Although it is not always possible to prevent these diseases, providers should be alert to the symptoms of infection and notify the child's parents and/or health care provider if they occur. Once treatment is initiated, these children should be able to participate in regular group care activities.

3. Children with Weak Immune Systems

Certain diseases or treatments can lower the body's natural defenses against infection. AIDS, cancer of the blood and some other diseases of the immune system significantly change the body's ability to fight infection, allowing even common organisms to quickly become life threatening. In children with previously normal immune systems, some drugs that are used to treat chronic conditions (*e.g.*, steroids) suppress the body's ability to fight infection. Drugs used to prevent rejection of organ transplants or to temper the body's attack on its own organs can also interfere with the normal immune response. In a child with cancer, both the disease itself and the drugs used to treat it inhibit the body's defense mechanisms.

Children with diseases or treatments that affect the immune system may need to be isolated from other children during periods of particular sensitivity. Their health care providers may prescribe special precautions regarding limited exposure to infection, particularly to chickenpox, since this disease can kill individuals with suppressed immunity. Keep in mind that vaccines with live viruses such as measles, rubella, chickenpox and polio (OPV) are not recommended for people with known weak immune systems.

Despite the risks of spreading or getting infections, children in these special population groups need to have opportunities for socialization that are as normal as possible. With care and planning, the majority of these children can be safely integrated into child care and school settings. Administrators, teachers and child care providers should work closely with parents and health care providers to establish a safe environment for these children, their peers and staff members who care for them.

CC HP

Section 3

Emergency Illness and Procedures

Rationale: **Some conditions require immediate medical help. You must know your plan for dealing with emergency situations when a child in your care requires immediate care and a parent is not available.**

Time: **8-15 minutes**

Learning Objectives:

Participants will be able to:

1. Tell how and when to contact the Emergency Medical System
2. Name the necessary emergency numbers to post by every telephone in the child care setting
3. Understand what to do if an injury occurs

Teaching Methods/ Suggested Activities:

- **Brainstorming**: Ask providers to list some of the conditions that threaten a child's life.
- **Lecture/Video**: Review the conditions that require emergency medical attention. Review the emergency illness and injury procedures.
- **Questions/Answers**: Respond to any questions that the group may have, ask questions and emphasize points that highlight the important concepts.

Materials and Equipment Required:

- Handout #23: Emergency Illness and Injury Procedures.
- Overhead Projector (if using transparencies)
- VCR and Monitor (if using video)
- Flip Chart/Chalkboard/Whiteboard

Questions/Comments:

- The provider who is with the child will provide CPR and first aid as taught in their CPR and first aid courses.
- Stress the importance of posting emergency telephone numbers such as the fire department, the police department, hospital and poison control.
- Emphasize that first aid kits should be maintained.
- Ask the class when they would communicate the concepts that they have learned to the families whose children they care for.
- Suggested Video: *Caring for Our Children* video series, Part 3 (see resources).

CC HP

Handout #23

Emergency Illness Procedures

When parents enroll their child, they should provide you with the contact information and consent that you will need if there is an emergency involving that child.

All parents of children in your care should know your emergency procedures. Let parents know that you are trained in first aid and CPR as taught by a California approved training facility. Tell parents how often you take refresher courses. Tell them that in the event of an emergency, you will:

1. Quickly assess the child's health.
2. Call 9-1-1 or other appropriate emergency help as needed.
3. Give first aid and CPR, if necessary.
4. Contact parents or the person they have listed to call in an emergency.
5. Call Poison Control if their child is exposed to toxic substances.

At All Times, You Should:

- Have emergency numbers posted by the phone: police and ambulance (9-1-1), and the poison control center (1-800-876-4766 in California).
- Keep parents' consent forms for emergency treatment and numbers for emergency contacts on file, and take a copy with you whenever you leave the facility.
- Maintain a current CPR and first aid certificate.
- Post first aid procedures where they can be easily seen.
- Write up an emergency procedure and evacuation route. Make sure you are familiar with it.
- Keep a fully stocked first aid kit in easy reach of all providers, but out of reach of children. Check the first aid kit regularly and restock it as necessary.
- In addition to the supplies listed for your first aid kit, you should also keep ice cubes or ice bags in the freezer to use to reduce swelling of some injuries.
- Place a stocked first aid kit in every vehicle used to transport the children. In addition to the items in your child care program's first aid kit, your vehicle kit should also include a bottle of water (refreshed on a regular basis), soap, coins for a pay telephone and a first aid guide.
- Don't use first aid sprays and ointments. They may cause allergic reactions or skin damage. Use alcohol or antiseptic wipes.
- Wear gloves if you might come in contact with blood.
- Have first aid supplies handy on the playground by keeping a zip-lock plastic bag stocked with disposable gloves, sterile wipes, gauze wrap and bandage strips in your pocket.

If an Injury Occurs:

1. Stay calm.
2. Check for life-threatening situations (choking, severe bleeding, or shock). Do not move a seriously injured child.
3. Call 9-1-1 or your local emergency number, if the child is seriously hurt. Make sure other children are safe.
4. Give CPR or first aid, if necessary.
5. Contact the parent/emergency contact.
6. Record all injuries on a standard form developed for that purpose.

Section 4

Appendix A: Resources

Community Resources for Further Training and Consultation

Other National Resource Organizations

Textbooks, Manuals, Pamphlets

Videos/Audiovisuals

Brochures

Newsletters

Community Resources for Further Training and Consultation

California Child Care Health Program (CCHP)
1322 Webster Street, Suite 402
Oakland, CA 94612-3218
Phone: (510) 839-1195
Fax: (510) 839-0339
Healthline: (800) 333-3212
E-mail: **healthline@childcarehealth.org**
www.childcarehealth.org

American Red Cross (local chapter) _____

American Heart Association (local chapter) _____

Local Hospital Community Health Education Programs _____

Local Community College _____

Local Family Day Care Association _____

Local Child Care Resource and Referral Agency _____

American Academy of Pediatrics (local chapter) _____

American Public Health Association (local chapter) _____

California Child Care Resource and Referral Network
111 New Montgomery Street, 7th Floor
San Francisco, CA 94105
(415) 882-0234
Fax: (415) 882-6233
(In California, Information Line: (800) 543-7793)
www.rrnetwork.org

or

626 North Coronado Terrace, Room 219
Los Angeles, CA 90026
(213) 413-7071

Department of Social Services/Community Care Licensing
744 P Street, MS 19-50
Sacramento, CA 95814
(916) 323-3952
Fax: (916) 323-8352

The Center for Health Training
2229 Lombard Street
San Francisco, CA 94123
(415) 929-9100
Fax: (415) 929-9465

Child Care Law Center
22 Second Street, 5th FloorSan Francisco, CA 94105
(415) 495-5498
Fax: (415) 495-6734

Local County Health Departments can provide you with information and screening in many different areas:

- Child Health and Disability Prevention (CHDP) _____
- Immunization _____
- Office of Communicable Diseases (for reporting purposes) _____
- Public Health Nursing _____

CAL-OSHA offices for:

- Consultation (regarding workplace conditions) _____
- Compliance (to report violations and for enforcement of regulations) _____

OTHER NATIONAL RESOURCE ORGANIZATIONS

Early Childhood Education Linkage (ECELS)
Pennsylvania Chapter, American Academy of Pediatrics
(800) 24-ECELS (PA only)
(610) 520-9123
Fax: (610) 520-9177
www.paaap.org/ecels/

National Association for the Education of Young Children (NAEYC)
1509 16th Street, NW
Washington, DC 20036
Phone: (202) 232-8777
Fax: (202) 328-1846
www.naeyc.org

National Child Care Information Center (NCCIC)
301 Maple Avenue West, Suite 602
Vienna, VA 22180
Phone: (800) 616-2242
Fax: (800) 516-2242
TTY: (800) 516-2242
http://nccic.org/

National Association of Pediatric Nurse and Practitioners (NAPNAP)
1101 Kings Highway North, Suite 206
Cherry Hill, New Jersey 08034-1912
Phone: (609) 667-1773
Fax: (609) 667-7187
http://www.napnap.org/

National Resource Center for Health & Safety in Child Care
Campus Mail Stop F541
PO Box 6508
Aurora, CO 80045-0508
Phone: (800) 598-KIDS
Fax: (303) 724-0960
Email: **Natl.child.res.ctr@UCHSC.edu**
http://nrc.uchsc.edu

TEXTBOOKS, MANUALS, PAMPHLETS

The ABCs of Safe and Healthy Child Care: A Handbook for Child Care Providers
Department of Health and Human Services, U.S. Public Health Service, Centers for Disease Control and Prevention, 1996. To order, contact: Public Health Foundation at (800) 41-TRAIN or visit http://www.cdc.gov/ncidod/hip/abc/abc.htm.

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-Of-Home Child Care Programs
Washington D.C. American Public Health Association and American Academy of Pediatrics. A revised version will be available in spring 2001. To order, call American Academy of Pediatrics at (800) 433-9016 or American Public Health Association at (301) 893-1894. Or download from http://nrc.uchsc.edu.

California Child Day Care Centers and Family Child Care Homes Regulations
California has six different documents regulating health and safety in child care facilities:

- Child Day Care Centers: Division 12, Chapter 1
- General Licensing Requirements: Division 6, Chapter 1
- Family Child Care Homes for Children: Title 22, Division 12, Chapter 3
- Infant Care Centers
- Child Care Center for Mildly Ill Children
- Child Care Center for School Age Children

For information contact the California Department of Social Services, Office of Regulations Development at 744 P St. Mail Station 7-192, Sacramento, CA 95814. Call (916) 657-2586 or visit http://nrc.uchsc.edu/ca/Calif.htm.

California Immunization Handbook: School and Child Care Entry Health Requirements
Sacramento, CA: State of California, 1999. Available from County Public Health Dept., Healthcare Services Div., Immunization Services.

Health and Safety Notes
Child Care Health Program, Oakland, CA. Two sets of Health and Safety notes (13-14 topics in each set) covering a wide range of issues in English or Spanish. Available by calling CCHP/SDSU at (619) 594-3728, or faxing your request to (619) 594-3377. Cost is $10 for a set. You may also visit www.childcarehealth.org.

Safety, Nutrition and Health in Early Education, 1st Edition
Catherine Robertson Grossmont College, El Cajon, CA. Published by Delmar Publishers 1998. ISBN/ISSN: 0-8273-7329-5.

Infection Control in the Child Care Center and Preschool (Third Edition)
Leigh G. Donowitz, Baltimore: Williams and Wilkins, 1996. To order, call (800) 638-0672.

Making Food Healthy and Safe for Children: How to Meet the National Health and Safety Performance Standards
Arlington, VA: National Center for Education in Maternal and Child Health, 1997. To order, call (703) 821-8955.

Keeping Kids Healthy: Preventing and Managing Communicable Disease in Child Care
The Center for Health Training, San Francisco, CA, 1994. To order manual and companion video, call The California Department of Education, Bureau of Publications Sales Unit at (800) 995-4099. Cost: book, English only, $15.00; Video, English and Spanish, $17.50. Call (800) 424-2460.

Model Child Care Health Policies
Aronson, S., and H. Smith. Bryn Mawr, PA: Pennsylvania Chapter, American Academy of Pediatrics, June 1997, third edition. This manual provides a sample health policy for early childhood programs. Contact: National Association for the Education of Young Children, 1509 16th Street, NW, Washington, DC 20036-1426. Telephone: (800) 424-2460 or (201) 232-8777. $5.00. Order No. 716. Or download at http://www.paaap.org/ecels/model.htm.

National Association for the Education of Young Children, Washington, D.C.:
Healthy Young Children, a Manual for Programs
A.S. Kendrick, R. Kaufmann, & K.P. Messenger, (Eds.), 1991. Cost: $15 87

Preparing for Illness: A Joint Responsibility for Parents and Caregivers
Bryn Mawr, PA: Pennsylvania Chapter, American Academy of Pediatrics, 1997. 42 pp. Contact: NAEYC, 1509 16th Street, NW, Washington, D.C. 20036-1476. Telephone: (800) 424-2460. $2.00, includes shipping/handling; discounts for bulk orders. http://www.paaap.org/ecels/keeping.html

Well Beings: A Guide to Promote the Physical Health, Safety and Emotional Well-Being of Children in Child Care Centers and Family Day Care Homes
Canadian Paediatric Society, Toronto, Ontario: Creative Premises Ltd., 1992. Order #3C92-090077-1. To order, write Canadian Paediatric Society, Children's Hospital of Eastern Canada, 401 Smyth Road, Ottawa, Ontario, Canada K1H 8L1.

2000 Red Book: Report of the Committee on Infectious Diseases (25th Edition)
Committee on Infectious Diseases, American Academy of Pediatrics, Elk Grove Village, IL: American Academy of Pediatrics, 2000. To order, call (800) 433-9016.

VIDEOS/AUDIOVISUALS

Caring for Our Children: National Health and Safety Performance Standards for Out-of-Home Child Care Programs
Demonstrates how to comply with various guidelines in the companion manual and consists of six 30-minute video cassettes. To order, contact American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927 or call (800) 433-9016. Cost: Six videos for $75 plus $8.95 shipping and handling.

Keeping Kids Healthy: Preventing and Managing Communicable Disease in Child Care (1994)
The California Department of Education Bureau of Publications, Sales Unit (800) 995-4099. English and Spanish. Cost $17.50 plus shipping.

Bears, Blocks & Blue Cards: Immunization Requirements for Family Child Care
A video guide to the California School Immunization Law and the responsibilities of family child care providers, produced by the San Diego County Infant Immunization Initiative. For more information call the California State Department of Health Services, Immunization Branch at (510) 540-2964.

ONLINE RESOURCES

AAP	American Academy of Pediatrics	**www.aap.org**
AAPD	American Academy of Pediatric Dentistry	**www.aappd.org**
AMA	American Medical Association	**www.ama-assn.org**
APHA	American Public Health Association	**www.apha.org**
CCHP	California Child Care Health Program	**www.childcarehealth.org**
CDC	Centers for Disease Control & Prevention	**www.cdc.gov/ncidod/hip/abc/abc.htm**
CHIP	Children's Health Insurance Program	**www.hcfa.gov/init/children.htm**
Kids' Health at the AMA		**www.ama-assn.org/kidskidshilth.**
NRC	National Resource Center for Health & Safety in Child Care	**http://nrc.uchsc.edu**
R&R	California Child Care Resource and Referral Network	**www.rrnetwork.org**
	The Child Care Nutrition Resource System	**www.nal.usda.gov/childcare/**

BROCHURES

Brochures related to health and safety may be obtained from catalogs from the following organizations:

American Academy of Pediatrics
141 North Westpoint Boulevard
Elk Grove, Illinois 60009
(800) 638-8270

U.S. Consumer Product Safety Commission
4330 East-West Highway
Bethesda, MD 20207
(800) 638-8270

National Association for the Education of Young Children
1509 16th Street, N.W.
Washington, D.C. 20036
(202) 232-8777

Child Care Law Center
22 Second Street, 5th Floor
San Francisco, CA 94105
(415) 495-5498

NEWSLETTERS

Child Care Health Connections
San Diego State University
6505 Alvarado Road, #108
San Diego, CA 92120
(619) 594-3728
Fax: (619) 594-3728
E-mail: weather1@earthlink.net

Early Childhood Health Link (ECELS Publication)
American Academy of Pediatrics, Pennsylvania
919 Conestoga Road
Building 2, Suite 307
Rosemont, PA 19010
(610) 520-9123

Child Health Alert
P.O. Box 610228
Newton Highlands, MA 02161
(800) 239-1762

Healthy Child Care
Healthy Child Publications
P.O. Box 624
Harbor Springs, MI 49740
(616) 526-6342

Section 4

Appendix B: Forms/Records/Lists

Exposure to Communicable Disease

Guide to the Requirements of the California School Immunization Law

Exclusion/Readmission Due to Illness

Recommended Childhood Immunization Schedule

Sample California Immunization Record

Model Child Care Health Policies

CCHP

Exposure to Communicable Disease

As a child care provider you join hands with parents in your efforts to create a healthy environment for children in your care. You and the parents will benefit from the communication of your health and safety policies, health and safety messages and new knowledge gained on health and safety issues. You are also required to inform parents when children in your care are exposed to a communicable disease.

This package will help you to prepare a written notice to parents about exposure of their children to a communicable disease. The notice will alert them to watch for signs of that illness and seek medical advice when necessary.

You can use the "Notice of Exposure to Communicable Disease" form and any relevant information on disease or illness to prepare the exposure notice.
Please keep in mind that the confidentiality of the child should be maintained. You should not report the name of the child, other family member, or staff member who is ill to other parents.
As you are required* to report some communicable diseases to both Community Care Licensing and your public health department, a "List of Communicable Diseases Reportable in California" is enclosed.

When you report to licensing and your local health department, the parents of the child must be informed that you are required to report the disease. Also, let them know that you will be sending exposure notices to other parents but will not mention any names. The child's health care provider is also required to report the communicable disease to the health department.

We encourage you to work closely with the local health department to reassure and inform parents and staff.

Call the Healthline if you would like to discuss your situation with a nurse or obtain information an a specific illness or disease.

* At the moment the requirement to report communicable diseases to the local health department only applies to child care centers. However, we also encourage family child care providers to report communicable diseases and work closely with their local health department.

Notice of Exposure to Contagious Disease

Name of Child Care Program:

Address of Child Care Program

Telephone Number of Child Care Program:

Date: / /

Dear Parent or Legal Guardian:

A child in our program has or is suspected of having:

Information about this disease:

The disease is spread by:

The symptoms are:

The disease can be prevented by:

What the program is doing to reduce the spread:

What you can do at home to reduce the spread:

If your child has any symptoms of this disease, call your health care provider to find out what to do and be sure to tell them about this notice. If you do not have a regular health care provider to care for your child, contact your local health department for instructions on how to find one, or ask staff here for a referral. If you have any questions, please contact:

(Caregiver's name) at ( ) (Telephone number)

Suspected Illness or Communicable Disease Exclusion Form

Name of Child **Facility**

Date of Birth **Date**

Dear Parent or Guardian:

Today at the child care facility your child was observed to have one or more of the following signs or symptoms:

- ❑ Diarrhea (more than one abnormally loose stool)
- ❑ Difficult or rapid breathing
- ❑ Earache
- ❑ Fever (101° F or above orally)
- ❑ Gray or white stool
- ❑ Headache and stiff neck
- ❑ Infected skin patches
- ❑ Crusty, bright yellow, dry or gummy areas of skin
- ❑ Loss of appetite
- ❑ Pink eye
- ❑ Tears, redness of eyelid lining
- ❑ Irritation
- ❑ Swelling and/or discharge of pus
- ❑ Severe coughing
- ❑ Child gets red or blue in the face
- ❑ Child makes a high-pitched croupy or whooping sound after s/he coughs
- ❑ Severe itching of body/scalp
- ❑ Sore throat or trouble swallowing
- ❑ Unusual behavior
- ❑ Child cries more than usual
- ❑ Child feels general discomfort
- ❑ Cranky or less active
- ❑ Just seems unwell
- ❑ Unusual spots or rashes
- ❑ Unusually dark, tea-colored urine
- ❑ Vomiting
- ❑ Yellow skin or eyes
- ❑ Head lice or nits

Contact your physician if there is:

- Persistent fever (over 100° F) without other symptoms
- Breathing so hard he cannot play, talk, cry or drink.
- Severe coughing
- Earache
- Sore throat with fever
- Thick nasal drainage
- Rash accompanied by fever
- Persistent diarrhea
- Severe headache and stiff neck accompanied by fever
- Yellow skin and/or eyes
- Unusual confusion
- Rash, hives or welts that appear quickly
- Severe stomach ache that causes the child to double up and scream
- No urination over an 8 hour period; the mouth and tongue look dry
- Black stool or blood mixed with the stool
- Any child who looks or acts very ill or seems to be getting worse quickly

We are excluding your child from attendance at our program until (possible options):

- ❑ The signs or symptoms are gone
- ❑ The child can comfortably participate in the program
- ❑ We can provide the level of care your child needs
- ❑ Other: _____

(Adapted from Child Development Programs form)

Communicable Diseases Reportable in California

Child care providers in the centers are required to report outbreaks of any disease, including diseases not in the list.

Acquired Immune Deficiency Syndrome (AIDS)
Amebiasis◑✉
Anisakiasis◑✉
Anthrax☎
Babesiosis ◑✉
Botulism (infant, foodborne or wound)
Brucellosis
Campylobacteriosis◑✉
Chancroid
Chlamydial Infections
Cholera☎
Ciguatera Fish Poisoning☎
Coccidioidomycosis
Colorado Tick Fever◑✉
Conjunctivitis, acute infectious of the newborn (specify etiology)◑✉
Cryptosporidiosis◑✉
Cysticercosis
Dengue☎
Diarrhea of the newborn (outbreaks)☎
Diphtheria☎
Domoic Acid Poisoning (Amnestic Shellfish Poisoning)☎
Echinoccosis (Hydatid Disease)
Ehrlichiosis
Encephalitis—viral, bacterial, fungal or parasitic (specify etiology)◑✉
Escherichia coli 0157:H7 infection☎
Foodborne illness (food poisoning)✞◑✉
Giardiasis
Gonococcal infections
Haemophilus influenzae (invasive disease)◑✉
Hantavirus infections☎
Hemolytic Uremic Syndrome☎
Hepatitis A◑✉
Hepatitis B (specify acute case or chronic)
Hepatitis C (specify acute case or chronic)
Hepatitis D (Delta)
Hepatitis, other, acute
Kawasaki Syndrome
Legionellosis
Leprosy (Hansen's disease)
Leptospirosis
Listeriosis◑✉
Lyme disease
Lymphocytic Choriomeningitis
Malaria◑✉
Measles (Rubeola)◑✉
Meningitis—viral, bacterial, fungal or parasitic (specify etiology)◑✉
Meningococcal infections☎
Mumps
Non-Gonococcal Infections (Excluding laboratory confirmed Chlamydial Infections)
Occurrence of any unusual disease
Outbreaks of any disease *(including diseases not listed here)*☎
Paralytic shellfish poisoning☎
Pelvic Inflammatory Disease (PID)
Pertussis (whooping cough)◑✉
Plague☎
Poliomyelitis, paralytic◑✉
Psittacosis◑✉
Q fever◑✉
Rabies (human or animal)☎
Relapsing Fever◑✉
Reye's Syndrome
Rheumatic Fever, acute
Rocky Mountain Spotted Fever
Rubella (German measles)
Rubella Syndrome Congenital
Salmonellosis (Other than typhoid Fever)◑✉
Scombroid fish poisoning☎
Shigellosis◑✉
Streptococcal infections (outbreaks and cases in food handlers & dairy workers only)◑✉
Swimmer's Itch (Schistosomal Dermatitis)◑✉
Syphilis◑✉
Tetanus
Toxic Shock Syndrome
Toxoplasmosis
Trichinosis◑✉
Tuberculosis◑✉
Tularemia
Typhoid Fever (specify whether case/carrier)◑✉
Typhus Fever
Vibrio infections◑✉
Viral hemorrhagic Fever (e.g. Crimean-Congo, Ebola, Lassa and Marburg Viruses)☎
Water-associated disease◑✉
Yellow Fever☎
Yersiniosis◑✉

Urgency Reporting Requirements

☎ = Report immediately by telephone (designated by a ◆ in regulations).
✞ = Report immediately by telephone when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a • in regulations).
◑✉ = Report by Fax, telephone, or mail within one (1) working day of identification (designated by a + in regulations).

All other diseases/conditions should be reported by FAX. telephone, or mail within seven (7) calendar days of identification.

(There are no standard reporting forms for child care providers to use. Please call your local health department immediately to report any outbreak or suspected outbreak of a communicable disease at a child care center.)

Guide to the Requirements of the California School Immunization Law for Parents of Children Entering School or Child Care in California in 2000

REFERENCE

Health and Safety Code Sections 120325-120380 (formerly Sections 3380-3390); California Administrative Code, Tide 17, Sections 6000-6075

WHY YOUR CHILD NEEDS SHOTS

The California School Immunization Law requires that children be up-to-date on their immunizations (shots)to attend school or child care. Diseases like measles and whooping cough spread quickly, so children need to be protected before they enter. Most children need booster shots before starting kindergarten. New seventh grade entry requirements went into effect July 1, 1999. A varicella (chickenpox) requirement for kindergarten and child care entry will go into effect July 1, 2001

WHAT YOU WILL NEED AT REGISTRATION

You will need all your child's Immunization Records. They must show the date your child was given each required shot. If you do not have an Immunization Record or your child has not received all required shots, call your doctor or local health department now for an appointment.

THESE ARE THE SHOTS THAT ARE REQUIRED

Review your child's Immunization Record to make sure you have a date for each shot required. Your record will list shots by type of vaccine.

NUMBER OF IMMUNIZATIONS REQUIRED TO ENTER, BY AGE OF CHILD

	Child Care					School		
Vaccine	2-3 months	4-5 months	6-14 months	15-17 months	18+ months	4-6 years	7-17 years	7th grade
Polio (OPV/IPV)	1	2	2	3	3	4[a]	4[b]	
DTP/DTaP	1	2	3	3	4	5[a]	3[b]	
Td Booster								[1[e]]
MMR				1	1	2[c]	1[c]	2[c]
Hepatitis B	1	2	2	2	3	3		3[g]
Hib	1	2	2	1[d]	1[d]			
Varicella					1[f]	1[f]		

[a] This number includes kindergarten boosters. If your child is 4-6 years old, entry requirements are met with only 3 polio and 4 DTPs if at least one polio and one DTP dose were after your child's fourth birthday.

[b] For children 7-17 years old, entry requirements are met with only 3 polio and 3 DTP or DT/Td if at least one polio and DTP or DT/Td were after your child's 2nd birthday. For students age 7 and older, pertussis immunization is not required.

[c] One dose on or after the first birthday is required for grades 1-6 and 8-12. Mumps immunization is not required for students age 7 and older.

[d] One dose must be on or after the 1 st birthday regardless of any doses received earlier. The Hib requirement applies only to child care children under age 4 years and 6 months.

[e] A Td booster is recommended but not required.

[f] If a child had chickenpox disease, ask your doctor to note it on the immunization record to meet the requirement.

[g] Two doses of the 2-dose formulation along with provider documentation that the 2-dose formulation was used for both doses and both doses were received at age 11-15 years will also fulfill this requirement.

If your child's record is missing some doses, please contact your doctor or clinic now to obtain the full immunization record or any doses needed. If your child recently received immunizations and needs an immunization later in the year, he/she can be allowed to attend, provided you get the remaining doses when they become due.

Your child may be exempted from some or all immunizations by a doctor because of a medical condition. Your child may be exempted by you because of your personal or religious beliefs. Ask your school or child care provider for details.

Exclusion/Readmission Due to Illness

Disease	If a Child in Your Care Has Been Diagnosed with This Disease You Should	When to Allow Child to Return

Bacterial Meningitis	• Exclude the child from child care. In most cases, the child will be hospitalized.
	• Immediately contact your Health Department to report the case of meningitis.
	  • Ask whether you need to contact the parents of the other children in your facility. If so, in cooperation with the Health Department, contact the parents of the children in your facility.
	  • Follow any preventive measures the Health Department recommends.
		When the Health Department tells you it is safe.

Chickenpox	• Temporarily exclude the sick child from the child care setting. • Notify parents.	Six days after the rash begins or when blisters have scabbed over.

Diarrheal Disease	• Temporarily exclude the sick child from the child care setting.
	• Carefully follow group separation, hand washing and cleaning procedures.
	• If you know the diarrhea is caused by bacteria or a parasite such as shigella, campylobacter, E. coli, Cryptosporidium, salmonella, or giardia, ask the Health Department.
	  • Whether other ill and well children and adults should be tested.
	  • When to allow the sick child to return to child care.
		When the child no longer has diarrhea. However, some of these diseases require negative stool cultures; allow the child to return when the Health Department tells you it is safe.

Diphtheria	• Temporarily exclude the sick child from the child care setting.
	• Immediately contact the Health Department to ask what additional preventive measures should be taken.
	• Observe all children and adults for sore throats for seven days.
	• Anyone developing a sore throat should see a physician.
	• Advise parents that their child should see a physician if:
	  • The child develops a sore throat.
	  • The child is incompletely immunized against diphtheria.
	• Carefully follow good hygiene procedures.
		When the Health Department tells you it is safe.

Epiglottitis	• A child diagnosed with this disease will probably be hospitalized. • Contact your Health Department and ask what preventive measures to take. • Carefully follow good hygiene procedures. • IMPORTANT: H-flu is not the same germ as "flu" or influenza. H-flu can cause SERIOUS ILLNESS in young children. If a case of H-flu occurs in your facility, TAKE ALL ACTIONS ABOVE.	Not due to H-flu: When treating physician tells you it is safe. Due to H-flu: When the Health Department tells you it is safe.
Hand-Foot-and-Mouth Disease	• Exclude if child has open, draining lesion on hand or has lesions in the mouth AND is drooling.	When lesions heal or drooling ceases.
Head Lice	• Temporarily exclude the infested child from the child care setting. • Contact your Health Department or health consultant for advice about examining, treating and readmitting exposed children and adults. • Check the other children and staff for lice or nits (eggs of lice).	24 hours after treatment.

Note: The term "adult" is used to refer to any adult in the facility (center or home) who may have come in contact with a sick child. This may include more that just those adults actually providing child care. In a home situation, for example, it may also include household occupants.

(Adapted from the ABCs of Safe and Healthy Child Care)

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Disease	If a Child in Your Care Has Been Diagnosed with This Disease You Should	When to Allow Child to Return
Hepatitis A	• Temporarily exclude the sick child from the child care setting. • Immediately notify your Health Department. They may recommend immune globulin shots, and possibly vaccination for children and adults and additional preventive measures. Ask for specific recommendations on notifying parents and on exclusion policies. • Carefully follow good hygiene procedures.	One week after illness begins (onset of jaundice or yellow appearance).
Influenza	In the absence of an epidemic, influenza is difficult to diagnose and usually the diagnosis comes after the end of the infectious period, so exclusion will be impractical.	N/A
Measles	• Temporarily exclude the sick child from the child care setting. • Immediately notify your Health Department. • Identify unimmunized children and adults. Make sure they get vaccinated and/or exclude them from the child care setting until two weeks after rash appears in the last child who had measles in the child care setting.	Five days after rash appears and Health Department says it is safe.
Mumps	• Temporarily exclude the sick child from the child care setting. • Carefully follow good hygiene practices. • Notify Health Department.	Nine days after swelling begins.
Pertussis (Whooping Cough)	• Temporarily exclude the sick child from the child care setting. • Immediately notify your Health Department. • Exclude, until diagnosed by a physician, any other child who develops a cough within two weeks of the initial case. • Carefully follow good hygiene procedures.	Five days after antibiotics are begun and Health Department says it is safe.
Pinworms	• Temporarily exclude the child from the child care setting. • Notify parents.	24 hours after treatment and bathing.
Pneumonia	• A child diagnosed with this disease will probably be hospitalized. • Contact your Health Department and ask what preventive measures to take. • Carefully follow good hygiene procedures. • IMPORTANT: H-flu is not the same germ as "flu" or influenza. H-flu can cause SERIOUS ILLNESS in young children. If a case of H-flu occurs in your facility, TAKE ALL ACTIONS ABOVE.	Not due to H-flu: When treating physician tells you it is safe. Due to H-flu: When the Health Department tells you it is safe.
Ringworm	• Temporarily exclude the child if the lesion cannot be covered.	If unable to cover lesion, after treatment begins and the lesion starts to shrink.
Rubella (German or Three-day measles)	• Temporarily exclude the child from the child care setting. • Immediately notify your Health Department. • Advise any pregnant women in the facility who are not known to be immune to see their physicians. • Carefully follow good hygiene procedures.	Six days after rash appears and Health Department says it is safe.
Scabies	• Temporarily exclude the child from the child care setting. • You may contact your Health Department for advice about identifying and treating exposed children and adults.	24 hours after treatment has begun.
Streptococcal sore throat (Strepthroat)	• Temporarily exclude the child from the child care setting. • Contact your Health Department if two or more children are diagnosed with strep throat.	24 hours after antibiotics are begun.
Active Tuberculosis (TB) infection	• Immediately notify your Health Department. • Children with TB may usually remain in child care after treatment as long as they are receiving appropriate treatment.	When Health Department says it is safe.

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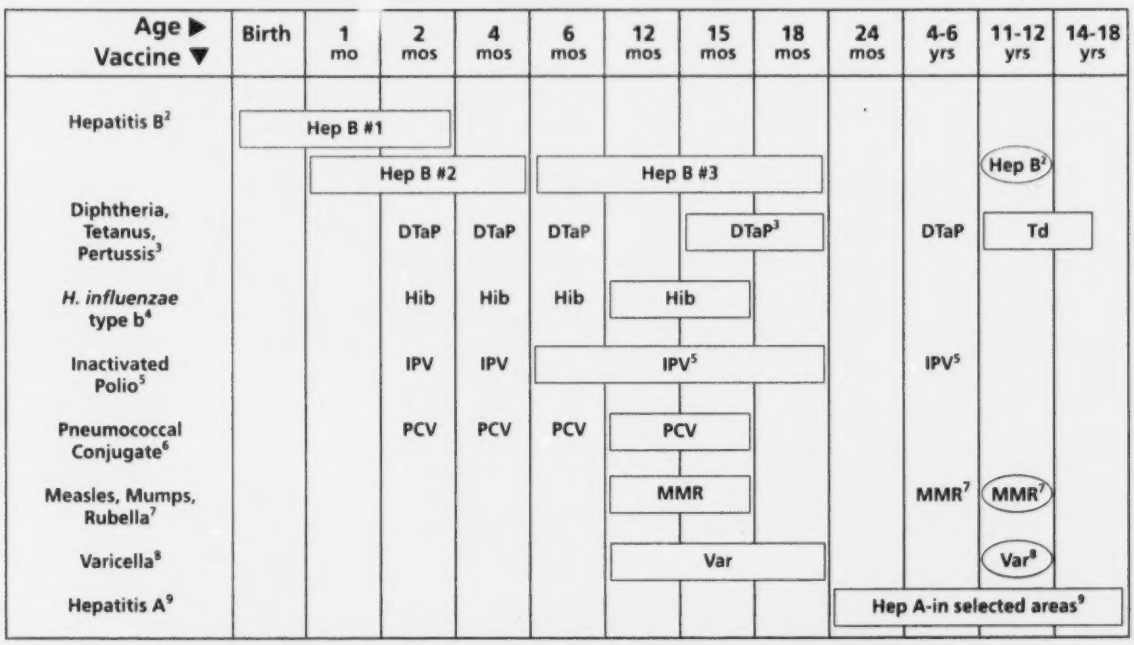
Recommended Childhood Immunization Schedule United States, January – December 2001

Vaccines[1] are listed under routinely recommended ages. [Bars] indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible. (Ovals) indicate vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age.



Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

1. This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of 11/1/00, for children through 18 years of age. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and its other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

2. **Infants born to HBsAg-negative mothers** should receive the 1st dose of hepatitis B (Hep B) vaccine by age 2 months. The 2nd dose should be at least one month after the 1st dose. The 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose, but not before 6 months of age for infants.

Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The 2nd dose is recommended at 1-2 months of age and the 3rd dose at 6 months of age.

Infants born to mothers whose HBsAg status is unknown should receive hepatitis B vaccine within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than 1 week of age).

All children and adolescents who have not been immunized against hepatitis B should begin the series during any visit. Special efforts should be made to immunize children who were born in or whose parents were born in areas of the world with moderate or high endemicity of hepatitis B virus infection.

3. The 4th dose of DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) may be administered as early as 12 months of age, provided 6 months have elapsed since the 3rd dose and the child is unlikely to return at age 15-18 months. Td (tetanus and diphtheria toxoids) is recommended at 11-12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP or DT. Subsequent routine Td boosters are recommended every 10 years.

4. Three *Haemophilus influenzae* type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OMP (Pedvax)HIB® or ComVax® [Merck]) is administered at 2 and 4 months of age, a dose at 6 months is not required. Because clinical studies in infants have demonstrated that using some combination products may induce a lower immune response to the Hib vaccine component, DTaP/Hib combination products should not be used for primary immunization in infants at 2, 4 or 6 months of age, unless FDA-approved for these ages.

5. An all-IPV schedule is recommended for routine childhood polio vaccination in the United States. All children should receive four doses of IPV at 2 months, 4 months, 6-18 months, and 4-6 years of age. Oral polio vaccine (OPV) should be used only in selected circumstances. (See MMWR *Morb Mortal Wkly Rep* May 19, 2000/49(RR-5);1-22).

6. The heptavalent conjugate pneumococcal vaccine (PCV) is recommended for all children 2-23 months of age. It also is recommended for certain children 24-59 months of age. (See MMWR *Morb Mortal Wkly Rep* Oct. 6, 2000/49(RR-9);1-35).

7. The 2nd dose of measles, mumps, and rubella (MMR) vaccine is recommended routinely at 4-6 years of age but may be administered during any visit, provided at least 4 weeks have elapsed since receipt of the 1st dose and that both doses are administered beginning at or after 12 months of age. Those who have not previously received the second dose should complete the schedule by the 11-12 year old visit.

8. Varicella (Var) vaccine is recommended at any visit on or after the first birthday for susceptible children, i.e. those who lack a reliable history of chickenpox (as judged by a health care provider) and who have not been immunized. Susceptible persons 13 years of age or older should receive 2 doses, given at least 4 weeks apart.

9. Hepatitis A (Hep A) is shaded to indicate its recommended use in selected states and/or regions, and for certain high risk groups; consult your local public health authority. (See MMWR *Morb Mortal Wkly Rep* Oct. 1, 1999/48(RR-12); 1-37).

For additional information about the vaccines listed above, please visit the National Immunization Program Home Page at www.cdc.gov/nip or call the National Immunization Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

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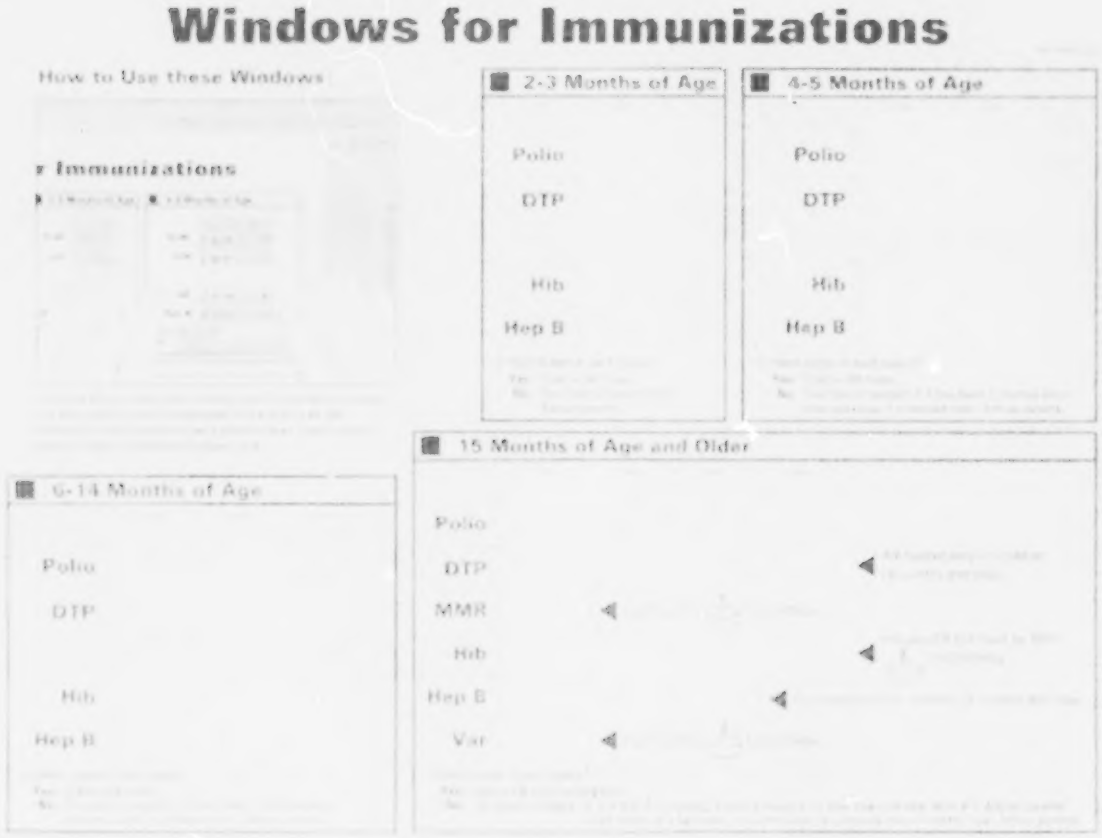
Windows for Immunizations



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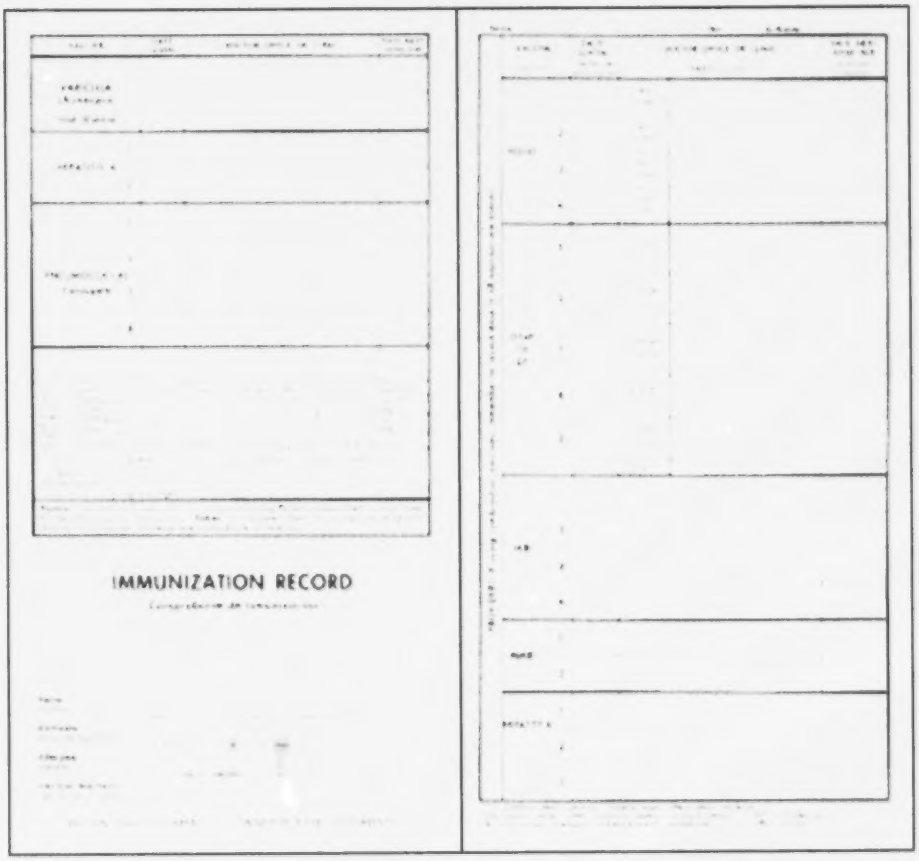
Sample California Immunization Record



Note: Not shown at actual size.
The California Immunization Record (yellow card)
can be folded into three parts and stored in a plastic holder.

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CCHP Model Child Care Health Policies

I. **Admissions**
   - A. Admissions Policy
   - B. Enrollment
   - C. Daily Record Keeping/Daily Health Checks

II. **Supervision**
   - A. Principle
   - B. Child/Staff Ratios
   - C. Supervision of Active (Large Muscle) Play
   - D. Family/Staff Communication

III. **Discipline**
   - A. Philosophy of Discipline
   - B. Permissible Methods of Discipline
   - C. Prohibited Practices (Child Abuse)
   - D. Suspected Child Abuse

IV. **Care of Acutely Ill Children**
   - A. Admission and Exclusion
   - B. Admission and Permitted Attendance
   - C. Procedure for Management of Short-Term Illness
   - D. Reporting Requirements
   - E. Obtaining Immediate Medical Help

V. **Health Plan**
   - A. Child Health Services
   - B. Health Consultation
   - C. Health Education

VI. **Medication Policy**
   - A. Principle
   - B. Procedure

VII. **Emergency Plan**
   - A. First Aid Kits
   - B. Emergency Phone Numbers
   - C. Lost or Missing Children
   - D. Child Abuse (See Discipline)
   - E. Injuries or Illnesses Requiring Medical or Dental Care
   - F. Serious Illness, Hospitalization, and Death
   - G. Media Inquiries

VIII. **Evacuation Plan, Drills and Closings**
   - A. Evacuation Procedure
   - B. Fire or Risk of Explosion
   - C. Power Failures
   - D. Closing Due to Snow/Storm
   - E. Floods, Tornadoes, Hurricanes, Earthquakes, Blizzards or Other Catastrophes

IX. **Authorized Caregivers**
   - A. Documentation of Authorized Caregivers
   - B. Sign-in/Sign-out Procedure
   - C. Policy for Handling an Unauthorized Person Seeking Custody
   - D. Policy for Handling an Intoxicated Person or Person Who Poses a Safety Risk

X. **Safety Surveillance**
   - A. Hazard Identification and Correction
   - B. Review of Injury Reports

XI. **Transportation and Field Trips**
   - A. Daily Transportation to and from the Program
   - B. Facility Vehicular Requirements
   - C. Driver Requirements
   - D. Seat Restraint Requirements
   - E. Route Planning and Trip Safety

XII. **Sanitation and Hygiene**
   - A. Hand washing
   - B. Diapering
   - C. Toileting
   - D. Facility Cleaning Routines
   - E. Pets
   - F. Plants
   - G. Toys
   - H. Exposure to Blood and Other Potentially Infectious Materials

XIII. **Food Handling and Feeding Policy**
   - A. Drinking Water
   - B. Food Safety/Dishes, Utensils and Surfaces
   - C. Food Brought from Home
   - D. Food Prepared at or for the Facility
   - E. Infant/Toddler Feeding
   - F. Preschool/School-age Feeding
   - G. Feeding of Children with Nutritional Special Needs

XIV. **Sleeping**
   - A. Area for Sleeping/Napping
   - B. Handling of Sleeping Equipment
   - C. Bed Linen

XV. **Smoking, Prohibited Substances, and Guns**

XVI. **Staff Policies**
   - A. Pre-employment Requirements
   - B. Benefits
   - C. Breaks
   - D. Ongoing Health Requirements
   - E. Training
   - F. Performance Evaluation

XVII. **Design and Maintenance of the Physical Plant and its Contents**

XVIII. **Review and Revision of Policies, Plans, and Procedures**

CC HP

Section 4

Appendix C: Information on Specific Diseases

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AMEBIASIS

What Is It?
Amebiasis is an intestinal illness caused by a microscopic parasite called *Entamoeba histolytica.*

What Are the Symptoms?
On average, about 10 percent of people who are infected with *E. histolytica* become sick from the infection. The symptoms could be intestinal or outside the intestine. Intestinal symptoms are often quite mild and can include loose stools, stomach pain and stomach cramping. Amebic dysentery is a severe form of amebiasis associated with stomach pain, bloody stools and fever.

Rarely, *E. histolytica* invades the liver and forms an abscess. Even less commonly, it spreads to other parts of the body, such as the lungs or brain.

Examination of stools under a microscope is the most common way for a health care provider to diagnose amebiasis. Sometimes, several stool samples must be obtained.

Who Gets It and How?
Although anyone can have this disease, it is most common in people who live in developing countries that have poor sanitary conditions. In the United States, amebiasis is most often found in immigrants from developing countries. It also is found in people who have traveled to developing countries and in people who live in institutions with poor sanitary conditions. The illness is more severe in the very young, the elderly, and pregnant women.

Amebiasis is contracted by swallowing the cyst stage of the parasite in contaminated food or water. It can also be spread by person-to-person contact. Some people with amebiasis may carry the parasite for weeks to years, often without symptoms. Infection is transmitted by:

- Putting anything into your mouth that has touched the stool of a person infected with *E. histolytica*
- Swallowing something, such as water or food, contaminated with *E. histolytica*
- Touching and bringing to your mouth cysts picked up from surfaces that are contaminated with *E. histolytica*

When Should People with this Illness Be Excluded?
A child in whom acute diarrhea develops while in child care should be moved to a separate area away from contact with other children until the child can be removed by a parent. Exclusion for acute diarrhea should continue until the diarrhea ceases.

A child with bloody stools needs to be examined by a health care provider and should receive antimicrobial therapy before readmission. Children without symptoms who pass cysts do not require exclusion from child care program. This illustrates the need for frequent hand washing and environmental cleaning in out-of-home child care facilities.

Where Should I Report It?
Amebiasis is a reportable condition in California.

How Can I Limit the Spread of Amebiasis?

- Follow universal precautions and proper procedures for diapering, toilet use and toilet training.
- Proper hand washing procedure is the single most important measure for preventing infection.
- Follow guidelines for sanitary handling of food.
- Use safe drinking water.

CAMPYLOBACTER

What Is It?
Campylobacter is a bacterial infection and one of the major causes of diarrhea in children and adults.

What Are the Symptoms?
The bowel infection caused by campylobacter is similar to those caused by some other germs. Campylobacter infection occurs two to 10 days after the bacteria are swallowed. It can cause diarrhea with fever, stomach cramps and vomiting in adults and children. The diarrhea may be severe and bloody. Mild infections last one to two days and most patients recover in less than one week, but 20 percent have relapse, prolonged or severe illness. Usually symptoms disappear without treatment in less than a week, but there may still be bacteria in the stools for several weeks if treatment is not received.

Who Gets It and How?
Although outbreaks of campylobacter diarrhea have been reported from child care facilities, these are rare. Child care providers are more likely to encounter this as a separate case. Persons often become infected when they eat or drink foods or liquids contaminated with feces of infected animals, especially poorly cooked poultry products, unpasteurized milk and contaminated water.

Similar exposure to human feces, especially from diapered children, may happen in the child care setting. When puppies and kittens have this germ in their stools, they may also infect people.

When Should People with This Illness Be Excluded?
Exclude children with diarrhea, especially those in diapers, from child care until one of the following has occurred:

- It has been documented that the child has received a minimum of 48 hours of antibiotic treatment, or
- The diarrhea has subsided and can be contained by the diaper or clothing.

Children in the child care setting who were exposed to campylobacter need not be checked for infection unless they develop symptoms.

Although campylobacter may be present in the feces for a few weeks after diarrhea has stopped, transmission is believed less likely than during episodes of diarrhea.

Where Should I Report It?
You must report cases of campylobacter to parents and staff. Also notify your state or local health department if you become aware that a child or adult in your facility has developed campylobacter.

Family and household members in contact with a person with campylobacter diarrhea should be made aware of their possible exposure to the bacteria, especially if they are involved in food handling or preparation. If they develop diarrhea, they should immediately see their health care provider and get a stool culture.

How Can I Limit the Spread?

- Make sure that all meats, especially poultry, are cooked completely before serving. Take care to avoid contaminating foods that will not be cooked with juice from raw meats and poultry.
- Practice good hygiene, especially careful hand washing, after handling pets and cleaning their cages or pens.
- Isolate animals with diarrhea from children and take them to a veterinarian for diagnosis and treatment. However, these bacteria may also be present in the feces of apparently healthy pets.

CHICKENPOX

What Is It?

Chickenpox is a very contagious disease caused by a varicella zoster virus. Most children in the United States experience chickenpox before they are school-aged. A vaccine against chickenpox is now available. Although chickenpox is not a serious disease for most children, those whose immune systems are impaired (e.g., newborns and persons who are on chemotherapy for cancer, have AIDS, or take steroids like cortisone) may experience severe disease, or even death. Chickenpox can also cause more severe health problems in pregnant women, causing stillbirths or birth defects, and can be spread to their babies during childbirth.

What Are the Symptoms?

Chickenpox usually begins with a mild fever and an itchy rash. The rash appears with small red bumps on the stomach or back and spreads to the face and limbs. These bumps rapidly become blistered and oozy, then crust over. People may have only a few bumps or may be totally covered. Once a person has been infected with the virus and gets chickenpox, the virus remains (without symptoms) in the body's nerve cells. In some people, the virus becomes active again at a later time and is called "shingles" or "zoster." With shingles a red, painful, itchy, blistery rash appears, usually in a line along one side of the body. There is no fever. The virus shed in the blisters of the rash can cause chickenpox in a person who has not had it, if that person has direct contact with the infected shingles blisters.

Who Gets It and How?

Anyone who is exposed to the varicella zoster virus and has not had chickenpox before will almost certainly get it. If you had chickenpox once, it is extremely rare to get it again. Chickenpox is most common in young children, whereas shingles are most common in adults. The disease is spread by close contact (sharing breathing space or direct touching contact) with infected discharge from the nose, throat or rash. It takes about 10 to 21 days from the time of exposure until a person develops the symptoms of chickenpox.

Persons with chickenpox are contagious from two days before the rash appears until the last blister has developed crusts (about five days).

When Should People with this Illness Be Excluded?

Children/staff with chickenpox should be excluded for six days after the rash first appears or until all blisters are crusted over and dry.

Persons who receive the chickenpox vaccine can come down with a mild case of the disease, and are also contagious. Follow these exclusion guidelines:

- Children with shingles shed the virus that causes chickenpox and could cause an outbreak of chickenpox in the facility. Therefore, unless the shingles rash can be completely covered, it is advisable that persons with shingles stay home until the rash is crusted over and dries. The person with shingles must be very careful about personal hygiene.
- Be sure to inform parents of children with impaired immune systems when another child has received chickenpox vaccine.

Source: AAP

Adolescent female with chickenpox lesions in various stages.

CHICKENPOX (continued)

Where Do I Report It?

Notify parents and staff about occurrences of chickenpox, especially pregnant staff and parents who may be vulnerable. Also notify your health consultant. You do not need to report cases of shingles or chickenpox to the local health department.

How to Limit the Spread of Chickenpox?

- Assure that all children and vulnerable staff are immunized.
- Don't expose newborns, pregnant women or people with immune problems.
- Temporarily exclude the sick child or adult.
- Wipe noses with clean tissues, dispose of them properly and wash your hands.
- Don't share food, bottles or toothbrushes.
- Don't kiss children on the mouth.
- Open windows and maximize outdoor play.
- Develop a system for immediate notification if someone develops chickenpox or shingles.
- Keep a person with chickenpox (or shingles with a rash that cannot be completely covered) at home until the rash is completely dry and crusted.
- Watch closely for early symptoms in others for three weeks following the most recent case. If a child or staff member develops a suspicious rash, he/she should call his/her health care provider so the rash can be diagnosed.

Source: AAP

Adolescent female with chickenpox lesions in various stages.

COMMON COLD (UPPER RESPIRATORY INFECTIONS)

What Is It?

The common cold is a mild infection of the upper respiratory tract (the nose, throat, ears and eyes) which is caused by over 100 different types of viruses. The most common of these is a rhinovirus (nose virus).

What Are the Symptoms?

Cold symptoms include stuffy or runny nose, sore throat, coughing or sneezing, watery eyes, chills and fever. "Flu" is also caused by viruses (influenza A or B) and has symptoms of high fever, chills, congestion, coughing and muscle aches. Most people who get the flu feel too ill to attend child care.

A runny nose generally accompanies a cold but can also accompany allergies. In the case of a cold, the mucus from the nose generally progresses from being very thin and watery in the beginning (when it is most contagious) to thick and cloudy as the cold progresses. At this time it can also become yellow or green. The green discharge is not as contagious, but becomes a problem for the child if it lasts more than 10 to 14 days. If accompanied by a fever or headache, it may indicate a sinus infection which will need medical treatment. A cough accompanied by wheezing or difficulty breathing requires medical attention.

Who Gets Colds and How?

Young children usually catch many colds each year, and will catch even more if they have young siblings or attend a child care facility. Colds and flu are very contagious. They spread when people touch discharges from the nose or mouth, cough and sneeze, kiss on the mouth, share food or eating utensils, and are together in crowded, poorly ventilated and overheated rooms.

The virus concentration is usually highest and most contagious two to three days before a person develops symptoms of illness. Viruses continue to be present in respiratory discharges for three to five days after symptoms begin. As a result, infected children and staff have already spread viruses before they begin to feel ill. In fact, children and adults often have mild colds which may go undetected but still cause these persons to be contagious.

When Should People with this Illness Be Excluded?

There is no need to exclude these children and staff if they feel well enough to attend and do not require more care and attention than the program can provide.

How Can I Limit the Spread of Colds?

- Make sure that all children and staff use good hand washing practices.
- Wipe noses with clean tissues, dispose of them properly and wash your hands.
- Don't share food, bottles or toothbrushes.
- Don't kiss children on the mouth.
- Open windows and maximize outdoor play.
- Teach children to cough into their elbow and away from people.
- Keep the environment clean.
- Limit physical contact between young infants and infected children.

CONJUNCTIVITIS (PINK EYE)

What Is It?
Conjunctivitis or pink eye is a common, mild eye infection or irritation. It can be caused by germs (infectious conjunctivitis) and often occurs with a cold or ear infection. Allergies, chemicals or irritants (e.g., smoke, dust, etc.) can also cause it.

What Are the Symptoms?
It involves one or both eyes and usually lasts three to five days. With this infection, the white parts of the eyes become pink and the eyes produce lots of tears and discharge. Eyes can be itchy and painful, sensitive to light, and in the morning the discharge may make the eyelids stick together. There is no treatment for viral conjunctivitis; it will go away by itself, but may last a week or more. Bacteria usually cause thick yellow or green pus.

Who Gets It and How?
Preschoolers and school-aged children have conjunctivitis most often. If caused by germs (infectious conjunctivitis), they can spread it to people taking care of them or to other children when some discharge or pus gets into an uninfected person's eyes. It can also be caused by mucus from the nose and throat during a respiratory infection. Children often pass the infection by rubbing their eyes, getting discharge on their hands, and touching:

- Another child's eyes
- The hands of another child who then touches his eyes
- An object which another child touches before putting her hands to her eyes

Conjunctivitis can also be spread when providers wash, dry or wipe a child's face and then use the same washcloth/towel/paper towel/tissue on another child's face. Providers could also get eye discharge on their hands when wiping a child's eyes and then pass it along as outlined above.

When Should People with this Illness Be Excluded?
Children with purulent discnarge should be excluded until examined by the child's physician and cleared for re-admission to the program with or without treatment as determined by the health provider. Children with conjunctivitis observed in child care do not need to be sent home in the middle of the day. Let parents know that the symptoms were noticed. The parents should notify the facility if the health care provider decides not to prescribe a medicine. Children with conjunctivitis caused by allergies need not be excluded.

Where Should I Report It?
Notify parents and staff.

How to Limit the Spread?

- Make sure that all children and staff use good hand washing practices.
- Encourage the child not to rub his or her eyes.
- Keep children's eyes wiped free of discharge and always wash your hands after wiping a child's eyes.
- Use disposable tissues and towels.
- Teach children to wash their hands after wiping their eyes.
- Be sure that articles which may touch children's eyes (binoculars, toy cameras, etc.) are washed well with soap and water at least once daily.
- Use the same precautions practiced to stop the spread of respiratory diseases.

CYTOMEGALOVIRUS (CMV)

What Is It?

CMV is a very common infection caused by a virus and with which most people eventually become infected. CMV can be dangerous for people with immune problems and pregnant women who can spread the illness to their unborn babies. It occurs commonly among children in child care.

What Are the Symptoms?

Children usually have no symptoms when they become infected with CMV. Occasionally, older children in child care will develop an illness with a fever, sore throat, swollen glands (lymph nodes) in the neck, enlarged liver, rash, and tiredness. However these symptoms are very rare, especially in young children in child care.

Who Gets It and How?

CMV is spread from person to person by direct contact with bodily fluids such as blood, urine or saliva. Thus, it may be spread through close contact such as in diaper changing, kissing, feeding, bathing and other activities where a healthy person comes in contact with the urine or saliva of an infected person. CMV can also be passed from a mother to the child before birth. Children and staff in the child care setting are especially likely to be infected. Some people infected with CMV are contagious for a very short time; others can spread the virus for months to years.

When Should People with this Illness Be Excluded?

There is no reason to exclude the child from child care, because the program probably has other children who have CMV.

Is It a Problem for Pregnant Woman?

If infected for the first time during pregnancy, women are at a small risk of delivering an infant with CMV disease which can cause hearing loss, mental retardation and other birth defects.

Female child care providers who are not preventing pregnancy should be tested for immunity against CMV. If the test shows no evidence of previous CMV infection:

- Reduce contact with infected children by working, at least temporarily, with children age 2 years or older, among whom there is far less virus circulation.
- Carefully wash hands with warm water and soap after each diaper change and after contact with children's saliva.
- Avoid contact with children's saliva by not kissing children on the lips and by not placing children's hands, fingers, toys and other saliva-contaminated (soiled) objects in their own mouths.

Remember! Contact with children that does not involve exposure to saliva or urine poses no risk to a mother or child care provider and should not be avoided out of fear of potential infection with CMV.

How Can I Limit the Spread of CMV?

- Make sure that all children and staff use good hand washing practices.
- Follow universal precautions in the child care setting.
- Clean and disinfect all mouthed toys and frequently used surfaces on a daily basis.
- Don't kiss children on the mouth.
- Do not share food, pacifiers, bottles, toothbrushes, eating utensils or drinking cups.

Because of the risk of CMV infection in child care staff members and the potential consequences of infection for female staff members, those who are pregnant or not preventing pregnancy should discuss the issue with their health care provider.

EAR INFECTIONS (OTITIS MEDIA)

What Are They?

Infection of the middle ear, or otitis media, is an infection of the part of the ear behind the eardrum. It is usually a complication of an upper respiratory infection, such as a cold. It can be acute (new), chronic (persistent), or serious (associated with fluid that does not contain germs). Otitis media is more common in young children because the tube that connects the middle ear to the nasal passages is very short and straight, making it easy for bacteria in the mouth and nasal passages to reach the inner ear. Most ear infections are caused by bacteria.

What Are the Symptoms?

Symptoms result from swelling of the middle ear. The child may cry persistently, tug at the ear, have a fever, be cranky and unable to hear well. When infection occurs, pus develops, pushes on the eardrum, and causes pain and often fever. Sometimes the pressure is so great that the eardrum bursts and the pus drains out into the ear canal. Although this can frighten parents, the child feels better and the hole in the eardrum will heal over. Today, the biggest problem from otitis media is the potential for hearing loss. Fluid may remain in an ear as long as six months after an infection is gone.

Who Gets It and How?

Middle ear infections are common in children between the ages of one month and six years, and most common under age three. Some children develop ear infections a few days after a cold starts. Some children have one infection after another, whereas others never have any. Conditions that increase a child's risk of ear infections are frequent colds, allergic runny noses, bottle propping, exposure to smoke and attendance in child care.

When Should People with this Illness Be Excluded?

Since ear infections themselves are not contagious, there is no reason to exclude a child with one from your facility unless they have a high fever or cannot participate in activities because of pain.

How Can I Limit the Spread?

Prevent the spread of colds and other upper respiratory infections which may lead to otitis media.

Special care notes for children who have frequent ear infections

- Never use cotton swabs and never put anything smaller than your finger into a child's ear. Do not allow the child to do so, either.
- Do not feed or bottle-feed infants lying on their backs.
- Be especially alert for any sign of hearing or speech problems that may develop. Refer the child to the family's health care provider or other community resources.
- Be sure that antibiotics are taken for the full amount of time prescribed to avoid resistant infections.

Special care notes for children who have ear tubes

- An ear tube creates a hole in the eardrum so fluid and pus may drain out. It usually stays in for three to six months.
- Since pus can drain out, water from the outside world (which has germs in it) can also run into the middle ear easily. Therefore, you must be very careful that children with tubes do not get water in their ears. This usually means no swimming unless there are special earplugs and permission from the health care provider. Watch for any sign of hearing or speech problems.

FIFTH DISEASE (SLAPPED CHEEK DISEASE)

What Is It?
Fifth disease is a mild rash, also called slapped cheek. It is caused by a virus called parvovirus B19. Outbreaks most often occur in winter and spring, but a person may become ill with fifth disease at any time of the year.

What Are the Symptoms?
Symptoms begin with a mild fever and complaints of tiredness. After a few days, the cheeks take on a flushed appearance that looks like the face has been slapped. There may also be a soft, light rash on the chest, arms and legs. Not all infected persons develop a rash. As the rash appears, the child usually begins to feel better, and the fever resolves. The rash may last for over a week and may recur in response to sunlight or a warm bath. Most persons who get fifth disease are not very ill and recover without any serious consequences. However, children with sickle cell anemia, chronic anemia or a weak immune system may become seriously ill when infected with parvovirus B19 and require medical care.

Who Gets It and How?
Children and adults can get the illness. The virus of fifth disease lives in the nose and throat and can be spread from person to person through coughing, sneezing, kissing on the lips, and sharing food, eating utensils and mouthed toys. Women who develop fifth disease during pregnancy may pass the infection to their unborn fetuses.

Fifth disease is contagious one to two weeks before the rash appears. Once the rash appears, a person is no longer contagious.

When Should People with This Illness Be Excluded?
A child who has been diagnosed with fifth disease need not be excluded from child care.

Is Fifth Disease a Problem for a Pregnant Woman?
If a pregnant woman becomes infected with fifth disease for the first time, there is a small risk (less than 10 percent) that the fetus may suffer damage, including the possibility of miscarriage or stillbirth. The woman herself may have no symptoms or a mild illness with rash or joint pains. If pregnant women are exposed to fifth disease, they should consult their health provider.

How Can I Limit the Spread of Fifth Disease?

- Make sure that all children and staff use good hand washing practices, especially after wiping or blowing noses; after contact with any nose, throat or eye secretions; and before preparing or eating food.
- Do not share food, pacifiers, bottles, toothbrushes, eating utensils or drinking cups.
- Clean and disinfect all mouthed toys and frequently used surfaces on a daily basis.
- Don't kiss children on the mouth.
- Play outdoors as much as possible.
- Avoid exposing pregnant women and people with blood disorders and immune problems.
- Make sure that the child care facility is well ventilated, either by opening windows or doors or using a ventilation system.
- Make sure that children are not crowded together, especially during naps on floor mats or cots.
- Teach children to cough and sneeze into their elbow and away from people.

If an Outbreak of Fifth Disease Occurs in the Child Care Setting:

- Notify all parents and staff members. Pregnant women and parents of children who have a damaged immune system, sickle cell anemia or other blood disorders may want to consult their health care providers.
- Make sure that all children and adults use good hand washing techniques. See the Health and Safety Note, *The Hygiene Health Connection: Personal Hygiene Habits Which Reduce the Spread of Disease.*
- If you are pregnant, consult your health care provider.

GERMAN MEASLES (RUBELLA)

What Is It?
Rubella, also called German measles or three-day measles, is a childhood disease caused by the rubella virus.

What Are the Symptoms?
The symptoms of rubella include fever, swollen lymph nodes (glands), and a red rash that covers the body from the face to the trunk and then to the upper limbs. Some children present no symptoms.

Who Gets It and How?
Rubella is a common viral illness of childhood. It is rare today because most children are immunized against it. People who have had rubella before or who were immunized usually cannot catch it again. Although it is a mild disease in children, it can be very serious if a pregnant woman catches rubella during the first three months of pregnancy. It can lead to miscarriage, stillbirth or to severe birth defects.

Rubella is generally diagnosed by the characteristics of the rash and confirmed by a blood test. There is no specific treatment. Pregnant women who are exposed or who get the disease should contact their health provider immediately.

It is spread by saliva and respiratory discharges from the nose and mouth, through the air, or on hands and surfaces. A person can spread the disease from as many as five days before the rash appears to five to seven days afterwards.

When Should People with this Illness Be Excluded?
Exclusion is generally for six days after the rash appears. It is contagious several days before the rash appears and for five days after. It takes two to three weeks for the illness to appear after exposure.

Where Should I Report It?
All parents should be notified, with a special warning to pregnant women. The local health department should also be notified.

How Can I Limit the Spread of Rubella?

- Make sure that all children and staff use good hand washing practices.
- All children in care should be fully immunized against rubella following the recommended schedule.
- All female staff in their childbearing years should have a blood test for sensitivity to rubella.
- Keep all pregnant women, infants and unimmunized individuals away from a person ill with rubella.
- Follow universal precautions.
- Carefully observe other children, staff, or family members for symptoms.
- Notify parents that the illness is present in the child care program.

GIARDIASIS (GIARDIA)

What Is It?
Giardiasis is a chronic diarrhea illness caused by a parasite, *Giardia lamblia*.

What Are the Symptoms?
Many children infected with giardia have no symptoms. Other children may have foul-smelling, greasy diarrhea, gas, stomach aches, fatigue and weight loss. Although many persons who have giardia do not experience these symptoms, they are still passing *Giardia lamblia* cysts in their stools and are infectious if untreated.

Health care providers will diagnose giardiasis by examination of stool under a microscope. Because *Giardia lamblia* is present in stools only some of the time, several examinations must be made. Most health providers agree that persons with giardia who are ill and/or have diarrhea should receive medication.

Who Gets It and How?
Giardia is very common — between three and 20 percent of all people have it at any one time. It spreads quickly at child care facilities, especially when infants and children in diapers are present. Giardia is spread from person to person when a person touches the stool or an object which has been contaminated by the stool of an infected person, and then ingests the germs. Infection is often spread by not properly washing hands after bowel movements, after changing diapers or before preparing foods. Giardia may also be transmitted through contaminated water, such as in water play tables. Outbreaks have also been linked to portable wading pools and contaminated water supplies. After exposure, it usually takes one to two weeks to develop the illness.

When Should People with this Illness Be Excluded?
Exclude if there is diarrhea with illness, fever or vomiting. After diarrhea resolves the patient may return to child care.

Where Should I Report It?
Notify parents and staff if a child or staff member is diagnosed with giardiasis. Also notify your health consultant and your local health department.

How Can I Limit the Spread?

- Exclude any child or adult with acute diarrhea.
- Make sure that all children and adults practice good hand washing techniques.
- In a large child care facility, the person preparing food should not change diapers.
- In a small child care facility, the child care provider should carefully wash hands after changing diapers and before handling foods.
- If possible, keep diapered children apart from toilet-trained children.
- Wash and disinfect toys that can be put in a child's mouth after each child's use.
- Use diapers that can contain liquid stool or urine.
- Make sure that diapers have waterproof outer covers or use plastic pants.
- Children should wear clothes over diapers.
- Wash children's hands before they use water play tables.

HAEMOPHILIS INFLUENZAE INFECTIONS

What Is It?

Haemophilis influenza (not related to the viral disease called "flu") is a group of bacteria. There are six different types of *H. influenza* bacteria. *Haemophilus influenza* type b or Hib causes the most severe disease. Hib is a major cause of meningitis and permanent brain damage. The bacteria can infect the ears, eyes, sinuses, skin, lungs, blood, joints, throat and covering of the heart.

What Are the Symptoms?

Haemophilus influenza causes ear infection, sinus infection, infection of the epiglottis, arthritis, meningitis and pneumonia.

Who Gets It and How?

The source of the organism is the upper respiratory tract (throat, ears and nose). People spread the bacteria by direct contact or by spreading the germs into the air that other people breathe. Many (60 to 90 percent) children carry *Haemophilus influenza* bacteria in their throats without being sick. Up to 5 percent of well children have Hib in their throats. Children between the ages of three months and three years are most likely to get Hib disease. At young ages, children are less able to kill bacteria which have a protective capsule such as Hib does.

When Should People with this Illness Be Excluded?

Exclude children and staff ill with the disease until the local health department recommends they return. Exclude all children and staff exposed until preventive treatment (Rifampin) has been given, if indicated and prescribed.

How Can I Limit the Spread of Haemophilis Influenza?

- To prevent disease, make sure that children in your care (beginning from two months up to five years of age) are vaccinated. The vaccine is not required for school-age children.
- It is important to carefully observe those who are exposed, but who have not been vaccinated or completely immunized. Exposed children who develop an illness with fever need to be examined by a health care provider should receive antibiotics if indicated and prescribed.
- All contacts should receive prophylaxis (preventive treatment), including those who have received the Hib vaccine.
- Preventive treatment must be given to everyone at the same time for four days. Anyone not treated at the time preventive treatment (Rifampin) is administered to everyone else must be excluded until he or she has had Rifampin.

HAND-FOOT-AND-MOUTH DISEASE (COXSACKIE VIRUS A16)

What Is It?
Hand-foot-and-mouth disease is a common and mild childhood illness caused by a virus called coxsackie virus A16.

What Are the Symptoms?
In many people, infection with the virus causes mild or no symptoms. Symptoms include sores in the mouth followed by a rash of tiny painful blisters on the hands and feet. Symptoms may also include mild fever, sore throat and stomach ache. The fluid in the blisters contains the virus, and symptoms may last for seven to ten days. The infection usually goes away without any serious complications.

Who Gets It and How?
This viral illness easily spreads among children through direct contact with saliva, from blisters in the mouth, the fluid from blisters on the hands and feet, or through the infected person's stool (bowel movement). Outbreaks in child care facilities usually happen with an increased number of cases in the community, and are most common in the summer and fall.

When Should People with this Illness Be Excluded?
Children with hand-foot-and-mouth disease do not need to stay home as long as they are feeling well enough to participate.

Exclusion may not prevent additional cases. Since the virus may be present in the stool for weeks after the symptoms have disappeared, children will have been exposed before the symptoms appeared, and many children will have no symptoms.

Children with hand-foot-and-mouth disease usually do not need treatment and will get better on their own within a week.

How Can I Limit the Spread of Hand-Food-and-Mouth Disease?

- Follow strict hand washing and personal hygiene procedures. See the Health and Safety Note on *Personal Hygiene: Habits Which Reduce the Spread of Disease.*
- Always wash hands, especially after using the bathroom, diapering or assisting the child in the bathroom, and before eating or handling food.
- Wash and disinfect all articles contaminated with stool or mucus.
- If an outbreak of hand-foot-and-mouth disease occurs in the child care setting:
    - Notify parents and staff members.
    - Make sure that all children and adults use good hand-washing techniques.

Where Should I Report It?
Parents should be notified so they can be aware of hand-foot-and-mouth symptoms.

HEAD LICE (PEDICULOSIS)

What Are They?

Head lice are tiny insects that live primarily on the head and scalp. They should not be confused with body lice, which may be found in clothing and bedding as well as on the body, or crab lice, which infest the pubic area. Head lice are found only on humans and should not be confused with fleas, which may be found on dogs, cats and other pets.

They hatch from small eggs, called nits (appearing as tiny white or dark ovals), which are firmly attached to the individual hairs near the scalp and cannot be easily moved up or down the hair (as could specks of dandruff.) Nits may be found throughout the hair but are most often located at the back of the scalp, behind the ears, and on the top of the head. The eggs hatch in about 10 days, with new lice reaching adulthood in about two weeks. The female louse is about the size of a sesame seed, can live for 20 to 30 days, and can lay about six eggs a day. The lice, generally found on top of the head, live by biting and sucking blood from the scalp. Lice can survive up to eight hours between feedings and can do so off the body.

What Are the Symptoms?

The major symptom of head lice is itching caused by the bite of the louse. Persistent scratching of the head and back of the neck should be viewed with suspicion. Often, red bite marks and scratch marks can be seen on the scalp and neck, and a secondary bacterial infection can occur causing oozing or crusting. Swollen neck glands can also result.

Diagnosis is usually made by finding nits, which are tiny, pearl gray and oval-shaped specks attached to the hair near the scalp. Use a magnifying glass and natural light when you search for them on the hair at the back of the neck, behind the ears and on the top of the head.

Most children with head lice will be treated with a medicated shampoo, rinse or lotion developed specifically for head lice. These treatments are very powerful insecticides and may be toxic if not used as recommended. Do not treat if you do not find nits. *However, the single most effective treatment is removal of all nits and environmental cleaning.*

Who Gets Them and How?

Head lice are not a sign of unclean people or homes. They can occur at any age and to either sex. Anyone who has close contact with an infested person or shares personal items can become infested. Lice are spread only by crawling from person to person directly or onto shared personal items such as combs, brushes, head coverings, clothing, bedding, towels, etc. Once treatment has been started, refer persons with a suspicious rash to their health care providers for appropriate diagnosis and treatment.

When Should People with this Illness Be Excluded?

Children should not be excluded or sent home early from childcare or school because of head lice. Parents of affected children should be notified and informed that their child must be properly treated before returning to school the next day. Other close contacts should be checked to determine if there are other cases. If your facility is having a problem with head lice, you should conduct morning "head checks" before the children socialize together. After proper application of an appropriate treatment, re-infestation of children from an untreated infested contact is more common than treatment failure.

"No-nit" policies requiring that children be free of nits before they return to child care or school have not been effective in controlling head lice transmission and are not recommended. Regardless of the policy, to ensure successful treatment the children need to be checked for new nits for ten days after therapy.

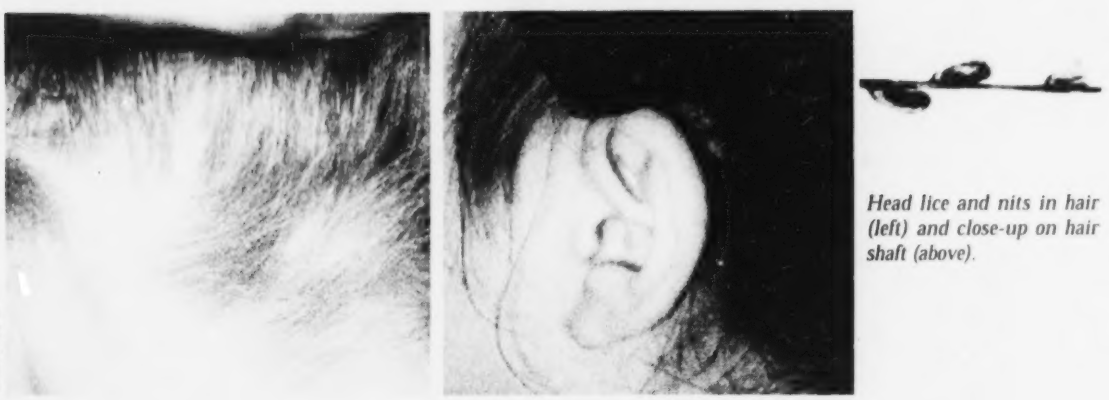
HEAD LICE (PEDICULOSIS) (continued)

How Can I Limit the Spread?

To prevent the spread of head lice when a case occurs in the child care setting:

- Caregivers and parents should learn to recognize nits and regularly check children's hair when there is a known case of head lice in the facility. Because almost all facilities will have outbreaks of head lice periodically, and because the "hysteria" produced by head lice is far greater than their threat to health, this is a prime area for preventive, anticipatory, parent information.
- A well-organized and prompt response to the first few cases can prevent a widespread problem.
- Nits can be removed using a fine-toothed comb. (A pet flea comb may work best.) Commercial preparations to remove nits should be used according to the manufacturer's recommendations to assure that the residual activity of the insecticide is not affected.
- On the same day, screen all children in the classroom or group and any siblings in other classrooms for adult lice or nits. Children found to be infested should also be excluded and treated. Simultaneous treatment of all infested children is necessary to prevent spread back to previously treated children.
- Educate parents regarding the importance of following through with the same recommendations at home and notifying the facility if head lice have been found on any member of the household.
- Although head lice are not able to survive off of humans for more than a few days, many persons recommend washing clothes (including hats and scarves) and bedding in very hot water, and vacuuming carpets and upholstered furniture in rooms used by person infested with these insects. Combs and hair brushes may be soaked in hot (65° C) water for at least one hour. Flea bombs and other environmental insecticides are not effective against head lice.

For additional information see the Health and Safety Note on head lice called
So You Have Head Lice in Your Program Again!



Source: AAP

Head lice and nits in hair (left) and close-up on hair shaft (above).

HEPATITIS A

What Is It?
Hepatitis A is an infection of the liver caused by the hepatitis A virus. It can last from one week to several months.

What Are the Symptoms?
Young children often have no symptoms or very mild symptoms of disease. Adults and older children are more likely to have typical symptoms, which include fever, loss of appetite, nausea, diarrhea and general ill feeling (malaise). The skin and whites of the eyes take on a yellow color (jaundice). A person who has no symptoms is still infectious to others.

Who Gets It and How?
Anyone can get this infection, which spreads quickly in groups of small children who are not yet toilet-trained and who cannot wash their own hands well.

Hepatitis A is spread through stool (by the fecal-oral route). This means the disease is spread by putting something in the mouth that has been contaminated with the stool of an infected person. It can also be spread when a person eats food or drinks beverages which have been handled by a person infected with hepatitis A and not subsequently cooked. Outbreaks of hepatitis A among children attending child care facilities and persons employed at these facilities have been recognized since the 1970s. Because infection among children is usually mild or without symptoms and people are infectious before they develop symptoms, outbreaks are often only recognized when adult contacts (usually parents) become ill. Poor hygienic practices among staff who change diapers and also prepare food contribute to the spread of hepatitis A. Children in diapers are likely to spread the disease because of contact with contaminated feces. Outbreaks rarely occur in child care settings serving only toilet-trained children.

There is no treatment that cures hepatitis A. However, because the incubation period is so long, in cases of outbreaks the illness can be prevented by giving persons in the facility and households a protective shot of immune globulin within two weeks of their exposure to the virus.

When Should People with this Illness Be Excluded?

If a child or adult in your child care facility is diagnosed with hepatitis A:

- Exclude the child or adult from child care until one week after the onset of symptoms.
- Immediately notify your local health department and request advice. Gamma globulin, if administered within the first two weeks after exposure, can prevent the infection from spreading to other children and families.

How Can I Limit the Spread of Hepatitis A?

- Strictly enforce hand washing and universal precautions.
- Make sure all parents and staff notify the facility if any person in their household is diagnosed with hepatitis A.
- A new vaccine is available to prevent hepatitis A, but is not currently licensed for children less than two years of age. Although outbreaks of hepatitis A sometimes occur in child care settings, they do not happen often enough to make it necessary for child care providers or children attending child care to be routinely vaccinated against hepatitis A. When outbreaks occur in child care settings, gamma globulin may be administered to children, providers and families of child care attendees to limit transmission of hepatitis A.

HEPATITIS B

What Is It?
Hepatitis B is a viral infection of the liver. This virus is completely different from hepatitis A.

What Are the Symptoms?
Only about 10 percent of children who become infected with hepatitis B virus show any symptoms. When children do have symptoms, they may be similar to those of hepatitis A: fatigue, loss of appetite, jaundice (yellowing of the skin and whites of eyes), dark urine, light stools, nausea, vomiting and abdominal pain. However, hepatitis B is a much more serious infection.

As with hepatitis A infection, young children are less likely to be jaundiced or show symptoms of illness. Unlike hepatitis A infection, hepatitis B can cause chronic infection in up to 10 percent of those infected, with persistent "shedding" of the virus into body discharges and blood. Persons with such chronic infections are called virus carriers. These persons can develop chronic liver disease, cirrhosis with liver failure, and liver cancer years after infection. An infected mother can transmit the infection to her newborn infant. Although these infants often show no obvious symptoms of hepatitis B, they have a high likelihood of becoming carriers.

Who Gets It and How?
Hepatitis B infections are more difficult to transmit than hepatitis A infections (which are spread via infected stool). Hepatitis B infections occur most frequently in persons who have contact with other people's blood (such as laboratory technicians or health care providers who may accidentally puncture their skin with blood-contaminated needles, or intravenous drug users who may share needles). It is most commonly spread by infected mothers to newborn infants through blood exposure at birth, sharing contaminated needles during intravenous drug abuse, sexual intercourse, and exposure of cuts or mucous membranes to contaminated blood.

This infection can also be transmitted if infected blood or bodily fluids come in contact with the broken skin of a healthy person, such as by biting. However, this is rare.

Although hepatitis B viruses have been found in almost all bodily fluids, only blood, genital fluids and saliva have been found infectious (or able to spread the disease). Transmission in child care facilities is unusual. If an infected person at a facility has behavioral or medical problems such as biting behavior or oozing skin sores, the risk may be higher.

When Should People with this Illness Be Excluded?
A staff person ill with hepatitis B should stay home until she/he feels well, and fever and jaundice are gone. A child or staff person with chronic hepatitis B infection who has open sores that cannot be covered should not attend child care until the sores are healed. Hepatitis B is usually contagious from about one month before until one month after the start of jaundice.

You do not have to exclude a child who is a carrier of the hepatitis B virus as long as she/he does not have uncontrolled biting or oozing skin lesions that cannot be covered.

HEPATITIS B (continued)

How Can I Limit the Spread of Hepatitis B?

Hepatitis B is vaccine-preventable. All infants should be vaccinated with three doses of hepatitis B vaccine during the first 18 months of life. Children not previously vaccinated should receive three doses of vaccine by the age of 11 or 12 years. Child care providers should discuss with their doctor whether it is appropriate for them to receive hepatitis B vaccine.

To reduce the spread of hepatitis B:

- Assure that all children and staff in your facility are immunized.
- Follow the universal precautions and make sure that all children and adults use proper hand washing practices.
- Clean up blood spills immediately.
- Wear gloves when cleaning up blood spills unless the spill is so small it can be contained in the cloth or towel being used to clean it up. Wash your hands well afterwards.
- Wear gloves when changing a diaper soiled with bloody stools and wash your hands well afterwards.
- Disinfect any surfaces on which blood has been spilled, using freshly prepared bleach solution.
- If a child care provider has open sores, cuts or other abrasions on the hands, the provider should wear gloves when changing diapers or cleaning up blood spills.
- Do not allow sharing of personal items which may become contaminated with infectious blood or body fluids, such as toothbrushes, food or any object that may be mouthed.
- Place disposable items contaminated with blood or bodily fluids in sealed plastic bags in covered containers.
- Store clothing or other personal items stained with blood and/or discharges separately in a sealed plastic bag to be sent home with the child for appropriate cleaning. Ask parents to wash and then bleach these articles.
- Discourage aggressive behavior (biting, scratching) at the facility.
- If a person at your facility receives a specific infectious exposure (such as a bite that causes bleeding) to a person with known hepatitis B, contact your local health department and the exposed person's health care provider for advice. The exposed person will need to receive a preventive immune globulin injection and the vaccine series.

Where Should I Report It?

Notify parents and staff about acute hepatitis B infections and report these cases to your health consultant and local health department. If your facility has one or more known carriers of hepatitis B, inform all staff of this fact and carefully train them about measures to prevent its spread. Inform them of the availability of the vaccine.

HEPATITIS C

What is Hepatitis C?
Hepatitis C is a viral infection of the liver caused by the hepatitis C virus (HCV).

What Are the Symptoms?
Children usually don't show any signs or symptoms. Adults often suffer from tiredness, loss of appetite, nausea, abdominal pain, fever and jaundice (yellowing of the skin and whites of the eyes) as well as dark brown urine and pale-colored stools.

Who Gets It and How?
The viruses that cause hepatitis C are spread through blood (exposure to blood and blood products from HCV-infected persons) or other body fluids. It is also spread by infected mothers to newborn infants through blood exposure at birth. Like hepatitis B, the spread of hepatitis C is unusual in the child care setting.

When Should People with this Illness Be Excluded?
Exclude carriers of hepatitis C virus only if they have uncontrolled biting or oozing skin lesions that cannot be covered.

Whom to Notify?
Notify parents and staff. Notify your local health department and request advice. Parents and staff must also notify you if anyone in their household is diagnosed with hepatitis C.

How Can I Limit the Spread?

- Follow universal precautions and make sure that proper hand washing and diaper changing practices are followed.
- Clean up blood spills immediately. Wear gloves when cleaning up blood spills or providing first aid for bleeding wounds. Wash your hands afterwards.
- Wear gloves when changing a diaper soiled with bloody stools. Wash your hands afterwards. If you have open sores or rash, cuts or other abrasions on the hands, wear gloves for changing diapers.
- Disinfect diaper-changing areas and surfaces on which blood has been spilled. Use freshly-prepared bleach solution.
- Do not allow sharing of personal items which may become contaminated with infectious blood or bodily fluids, such as toothbrushes, food or any object that may be mouthed.
- Place disposable items contaminated with blood or bodily fluids in sealed plastic bags in covered trash containers. Put other items contaminated with blood or body fluid in sealed plastic bags.
- Discourage aggressive behavior such as biting and scratching.

HERPES ("COLD SORES" or "FEVER BLISTERS")

What Are They?

They are common infections in children and adults caused by viruses. There are two types of herpes virus—HSV type 1 (usually found in the mouth) and HSV type 2 (usually found on the genitals).

What Are the Symptoms?

Children often become infected with this virus in early childhood and many have no symptoms. When symptoms do occur, they may include fever, runny nose and painful lesions (fever blisters or cold sores) on the lips or in the mouth. The blisters or cold sores usually form scabs and heal within a few days.

Herpes infections in children are generally caused by HSV type 1 and, while uncomfortable, are rarely serious. People who have severe eczema or immune system problems may have more severe infections with herpes.

Once a person is infected, these viruses remain in nerve cells, and herpes tends to recur at the same places on the body again and again.

Who Gets It and How?

Cold sores are spread by direct contact with the lesions or saliva of an infected person. Spreading the virus within families is common. HSV type 1 is most common in young children, whereas HSV type 2 (due to its sexual transmission) is more common in adults.

Diagnosis is usually made based on the distinctive appearance of the blisters or sores.

When Should People with this Illness Be Excluded?

- Only exclude a child with open blisters or mouth sores if the child is a biter, drools uncontrollably, or mouths toys that other children may in turn put in their mouths.
- Exclude staff with open, oozing sores that cannot be covered. **Do not exclude** children or staff with genital herpes or skin blisters (in locations other than the mouth or finger) that can be covered.

Allow returns as follows:

- Children with oozing **mouth blisters** can return when blisters are crusted over.
- Children or staff with **skin blisters** that cannot be covered can return when the blisters are crusted over.

How Can I Limit the Spread of Herpes?

Make sure all children and adults in the facility use good hand washing practices.

- Do not allow children to share toys that can be put in their mouths, as the virus may be present even though sores are absent or not noticeable.
- After a child has mouthed a toy, remove it from the play area and put it in a bin for toys to be disinfected at day's end.
- Do not kiss the child or allow the child to kiss others where direct contact with the sore may occur.
- Use gloves if applying medicated ointment to the sore.

HIV/AIDS (HUMAN IMMUNODEFICIENCY VIRUS/ ACQUIRED IMMUNODEFICIENCY SYNDROME)

What Is It?

AIDS is an infection caused by a virus called HIV (human immunodeficiency virus). Over time, it damages the body's immune system and other organs, and can lead to severe life-threatening illness.

What Are the Symptoms?

When a person is first infected with the human immunodeficiency virus (HIV), he or she may have no symptoms or may become ill with a fever, night sweats, sore throat, general tiredness, swollen lymph glands and a skin rash lasting for a few days to a few weeks. These early symptoms then go away by themselves. However, the virus stays in the body (becomes a chronic infection) and causes increasing loss of immune function. This results in the body becoming unable to fight off infections to which we are all normally exposed. The late stage of this infection is called acquired immunodeficiency syndrome (AIDS). A person who is infected becomes potentially infectious to others for life.

Early symptoms of HIV infection in children include failure to grow and gain weight, chronic diarrhea without a specific cause, enlarged liver and spleen, swollen lymph glands, chronic thrush (yeast infections) and candida (yeast) skin infections, pneumonia, and other bacterial, viral, fungal and parasitic infections that healthy children do not usually get. However, many children are infected with HIV for many years before developing any symptoms.

Who Gets It and How?

HIV is not easily transmitted. For HIV to spread, the virus, present in blood and other body fluids, must enter the uninfected person's blood stream through a break in the skin or through the mucous membranes. In a child care setting, this can only happen through blood-to-blood exchange. It cannot be transmitted through urine, stool, vomit, saliva, mucus or sweat. There is no evidence of casual transmission by sitting near, living in the same household with, or playing with an individual with clinical AIDS or evidence of infection with HIV virus.

HIV is most commonly spread:

- By sharing contaminated needles for intravenous drug abuse, tattoos and body piercing
- Through sexual intercourse
- By infected pregnant women to the fetus
- By exposure to infected blood through a blood transfusion

Less commonly, HIV may be spread:

- By infected mothers who breastfeed their infants
- Occupationally to health care workers, primarily after being stuck with a needle containing HIV in infected blood
- By exposure of open skin or mucous membranes to HIV-contaminated body fluids. Although it is very rare, a few cases have been reported in which HIV was spread by contact with blood or other body fluids from an infected person.

Reports available at this time definitely indicate that biting does not transmit HIV infection. Three factors would have to be present, and it is highly unlikely that these events would occur simultaneously.

1. The bite would have to be so severe that the skin would be punctured enough for blood to flow (this rarely happens).
2. The biter would have to have an open, bloody sore or injury in the mouth.
3. One of the two would have to be infected with the HIV virus.

HIV/AIDS (continued)

Recommendations for child care providers who care for children with AIDS/HIV:

- Provide inservice education for appropriate personnel to insure accurate information about AIDS and the practice of universal precautions.
- Protect all children and staff at the facility by strictly following special procedures for cleaning and handling blood and body fluids containing blood.
- Protect vulnerable HIV-infected people from infections by communicable diseases (e.g., chickenpox or measles) by excluding them with the advice of their health provider if there is an outbreak.
- Immediately notify parents of all children, including HIV-infected children, if the child has been exposed to chicken pox, tuberculosis, fifth disease, diarrheal disease, or measles through other children in the facility.
- Immediately refer children with HIV to their health care providers to receive appropriate preventive measure (immune globulin) and decision about readmission to the child care facility if they are exposed to measles or chicken pox.
- Protect the right to privacy of these children by maintaining confidential records and by giving medical information only to persons with an absolute need to know it, and with consent of the parent or guardian.
- Help children with clinical AIDS or evidence of infection with the HIV virus to lead as normal a life as possible.

How Can I Limit the Spread of HIV/AIDS?

No vaccine against HIV is available. However, HIV is not likely to be spread from one child to another in a child care setting, and no such case has ever been reported. The family home provider or center director should be informed by the child's parents or guardians when an HIV-positive child is admitted to child care, but this is the parent's decision. Because of concern over stigmatization, the persons aware of a child's HIV infection should be limited to those who need such knowledge to care for the children in the child care setting. In situations where there is concern about the possibility of exposure of others to infected blood or other body fluids, a child who is infected with HIV should be evaluated by a team that includes the child's parents or guardians, the child's physician, public health personnel, and the proposed child care provider to determine the most appropriate child care setting. This evaluation should consider the behavior, neurologic development and physical condition of the child, and the expected type of interaction with others in the child care setting. In each case, risks and benefits to both the infected child and to others in the child care setting should be weighed.

Children with HIV infection need to be closely monitored by their physicians because they are more vulnerable to severe presentations of infectious illnesses than are other children. Children with HIV infection should receive childhood vaccinations (diphtheria-pertussis-tetanus vaccine, measles-mumps-rubella vaccine, inactivated polio vaccine, *Haemophilus influenzae* type b conjugate vaccine, influenza vaccine and pneumococcal vaccine) following the immunization schedule. Parents of children with weakened immune systems, whether due to HIV infection or other causes, should be advised when certain infectious diseases, such as cryptosporidiosis and fifth disease, have occurred in the child care setting. Such children may need to be removed from the child care setting until the outbreak has subsided in order to protect them from infections that could have severe complications for them.

If a child care provider has a weakened immune system, he or she should discuss with his or her health care provider the precautions to be taken to avoid becoming infected with the many infections that young children are likely to transmit.

HIV/AIDS (continued)

To reduce the risk of spreading HIV in the child care setting, all child care providers should routinely follow precautions necessary to prevent the spread of any bloodborne infection (including hepatitis B):

- Make sure all children and adults use good hand washing practices.
- Make sure all adults use good diapering practices.
- Wear gloves when changing a diaper soiled with bloody stools.
- Wash skin on which breast milk has spilled with soap and water immediately.
- Do not allow children to share toothbrushes.
- Clean up blood spills immediately.
- Wear gloves when cleaning up blood and bodily fluid spills unless the spill is so small it can be contained in the cloth or towel being used to clean it up.
- Disinfect any surfaces on which blood or bodily fluids have been spilled with freshly prepared bleach solution.
- If a child care provider has open sores, cuts or other abrasions on the hands, wear gloves when changing diapers or cleaning up blood spills.
- Cover open wounds on children and adults.
- Develop policies and procedures to follow in the event of an exposure to blood.
- Screening children for the presence of the HIV antibody prior to program entry is not justified or recommended.
- Parents of children attending group programs do not have the "right" to know the HIV status of other children in the program. Caregivers and teachers need to know when a child has an immunodeficiency, regardless of cause, so that precautions can be taken to protect the child from other infections. However, this does not require knowledge of HIV status.
- Programs offering services specifically for children with HIV infections may provide appropriate alternative placements for individual children, but separate programs are not necessary for infection control and should not be used to segregate children.

IMPETIGO

What Is It?
Impetigo is a very common and mild skin infection caused by streptococcal or staphylococcal bacteria.

What Are the Symptoms?
Impetigo appears as a blistery rash. When the blisters open, they produce a thick, golden-yellow discharge that dries, crusts and sticks to the skin. It may start as oozing at an injured spot on the skin (such as an insect bite, cut, or burn) and can easily be spread by the person's hands to other areas of the skin. Children often have impetigo on their faces. Impetigo is most commonly seen in the warm summer months.

Who Gets It and How?
Impetigo is spread from person to person through direct contact with the discharge from the lesions. Most children have impetigo at least a few times. Impetigo bacteria are found all over infected skin, on the crusts and in the discharge They can be spread to another person who directly touches the skin or a surface contaminated by the discharge or crusts. This infection can rapidly spread among persons in close contact, such as children in a child care facility.

Usually the skin protects the body from bacteria. When the skin is broken (cut, scraped, bitten or scratched), bacteria can get under the surface, multiply and cause an infection. Children often have multiple cuts and scrapes on their bodies which make them more vulnerable to impetigo than adults. In most cases, impetigo is treated with some combination of special soap and an antibiotic ointment. An oral antibiotic is given with more extensive impetigo.

When Should People with this Illness Be Excluded?
Exclude the child from the center until 24 hours after treatment has begun and the child no longer has a discharge.

Children and staff do not need to be sent home in the middle of the day if a suspected impetigo rash is noticed. Wash a child's rash area with soap and water and cover it. ***Wash your hands and the child's afterwards.*** Notify the parents when they come to pick up the child and tell them that the child should be seen by a health care provider.

How Can I Limit the Spread of Impetigo?

If a child in your facility has impetigo:

- Make sure that all children and adults practice good hand washing technique.
- Exclude the child from the center until 24 hours after treatment has begun and the child no longer has a discharge.
- Infected areas should be washed with mild soap and running water.
- Wash the infected child's clothes, linens and towels at least once a day and never share them with other children.
- Wear gloves while applying any antibiotic ointment that a physician may recommend and wash your hands afterwards. Antibiotics taken by mouth may also be prescribed.
- Make sure to follow policies on cleaning and disinfecting toys.

KAWASAKI DISEASE

What Is It?

Kawasaki disease is an acute childhood illness. It was first described in Japan in 1967. It is now the leading cause of heart disease in children in the United States, and occurs most frequently in children under five years of age. The cause of Kawasaki disease is unknown, and does not appear to be hereditary. Scientists who have studied the disease think it is caused by an infectious agent such as a virus.

What Are the Symptoms?

A fever that lasts five days or more, redness of the eye, redness of the mouth, lips, tongue and throat, swollen glands in the neck, and extreme irritability are the classic signs of Kawasaki disease.

In as many as 20 percent of the children with Kawasaki disease, the heart is affected. The coronary arteries or the heart muscle itself can be damaged.

Who Gets It and How?

The cause is unknown. Peak age of occurrence in the United States is between 18 and 24 months. Fifty percent of patients are younger than 2 years of age, and 80 percent are younger than 5 years of age; children older than 8 years of age rarely develop the disease. Epidemics generally occur during the winter and spring at 2- to 3-year intervals.

When Should People with this Illness Be Excluded?

There is no need to exclude a child with Kawasaki disease, unless he or she feels too ill to participate in child care activities.

How Can I Limit the Spread of Kawasaki Disease?

Universal precautions are recommended.

Child with Kawasaki disease.

MEASLES

What Is It?
Measles is a serious disease caused by a virus. Although rare today because of immunization, there are occasional outbreaks when children have not been fully immunized.

What Are the Symptoms?
Symptoms begin with fever, red and watery eyes, runny nose, cough and tiredness followed by a reddish-brown blotchy rash. The rash usually starts on the face, spreads down the body, and lasts three or more days. Most children with measles become quite ill, but recover with no ill effects. Occasionally, however, measles can lead to pneumonia or swelling of the brain and permanent disability or death. Adults and very young children tend to have more severe illness. People with immune disorders can become seriously ill. Measles can cause miscarriage or premature delivery in pregnant women who have never had the disease and become infected.

Who Gets It and How?
Measles is very contagious. It is spread by contact with respiratory discharges from the nose or mouth and from saliva. It is transmitted by coughing, sneezing, sharing eating utensils and mouthed toys. It is transmitted by hands and other surfaces contaminated by the virus. It is contagious from five days before until four days after the start of the rash. Illness begins about one to two weeks after exposure.

When Should People with this Illness Be Excluded?
A person with measles should stay home until six days after the rash appears and until feeling well enough to participate in regular daily activities again.

Where Should I Report It?
Report to all other parents and to the health department.

How Can I Limit the Spread of Measles?
Measles is vaccine preventable. Measles vaccine is usually administered as part of the MMR vaccine (measles, mumps, and rubella). Immunization of all children at 12 to 15 months, with a booster at ages four to six years or 10 to 12 years, is critical.

- Staff who have never had measles or been immunized for it should consult their health care provider. Adults born after 1957 may need a measles booster.
- Keep the ill child away from the child care program and away from pregnant women, infants and from people with immune problems.
- Always use the same precautions to prevent the spread of respiratory disease, including hand washing, cleaning and disinfecting the environment, and not sharing mouthed toys and eating utensils. There should be no kissing on the lips with the infected person.

MENINGITIS

What Is It?

It is a relatively rare infection of the covering of the brain and spinal cord. It can be caused by a virus, bacteria, parasite or fungus. Meningitis caused by a bacterial infection (sometimes called spinal meningitis) is one of the most serious types, occasionally leading to permanent brain damage or even death.

What Are the Symptoms?

Meningitis usually starts suddenly and includes symptoms such as fever, headache, neck pain or stiffness, vomiting (often without abdominal complaints), and irritability. These symptoms may quickly progress to decreased consciousness (difficulty in being aroused), convulsions and death. For this reason, if any child displays symptoms of possible meningitis, he or she should receive immediate medical care. Young children with meningitis show symptoms of unusual irritability, poor feeding, vomiting, fever and excessive, loud crying. Older children and adults may experience severe headache, neck pain and stiffness. If a case of meningitis occurs in your child care program, it is most important to find out what kind it is so you can alert the other parents, if necessary. You will need the cooperation of the health care provider, your health consultant and perhaps the health department.

Who Gets It and How?

Although older children and adults can get meningitis, it occurs most frequently in children under five years of age (and especially in babies one to 12 months of age). Usually germs causing meningitis are carried in the upper back part of the throat (called the nasopharynx) of an infected person. They are spread either through the air, when the person coughs or sneezes organisms into the air, or by direct contact with discharges from the nasopharynx of the infected person. However, transmission usually occurs only after very close contact with the infected person.

Some meningitis can be spread through infected feces on hands or surfaces and then ingested. The period of communicability depends upon the type of germ, and can vary from one to two weeks before symptoms begin to long after. Bacterial meningitis is generally not contagious after 24 to 48 hours of antibiotic treatment.

Meningitis and the type of germ causing it are diagnosed by health care providers performing a spinal tap and lab test. Once a diagnosis is made, it should be communicated to you by the health care provider as soon as possible, along with appropriate instructions about what to tell other parents.

When Should People with this Illness Be Excluded?

People with meningitis generally feel too ill to attend child care. They can return when they feel better with no fever, or when the health care provider determines the disease is no longer contagious.

How Can I Limit the Spread of Meningitis?

Meningitis caused by *Hemophilus influenza* serotype b (Hib) can be prevented with Hib vaccine, which is part of routine childhood immunizations. Some cases of meningococcal meningitis can also be prevented by vaccine. However, this vaccine is not used routinely, and usually only during outbreaks or in high-risk children.

The best ways to prevent the spread of meningitis are to:

- Always practice good hand washing and environmental sanitation.
- Assure that all children (and staff) are appropriately immunized, especially with the Hib vaccine.
- Communicate with the health department to determine how the specific disease should be managed as well as share information with the child's parent, other parents, the child's health care provider and your own health consultant.

MONILIA (CANDIDA) OR YEAST INFECTIONS (THRUSH)

What Is It?

Monilia, candida or yeast infections are caused by various species of candida, especially *Candida albicans*, and are very common in babies and young children in diapers.

What Are the Symptoms?

Thrush is seen in the mouths of infected children as white patches which look like milk curds but cannot be wiped off.

Diaper rash caused by monilia looks different and starts as very red, raised, round spots. Often there will be a larger spot with surrounding smaller ones. Sometimes the spots all run together, and what you see are large areas of beefy red, raised skin which are very sore and may even bleed. Occasionally a bacteria will invade this raw skin and create a secondary infection with ooze.

Who Gets It and How?

These infections are particularly common in diapered children, but adults can get thrush in their mouths or a monilial rash in their groin or other moist areas. They are very mild infections in healthy people and almost everyone gets exposed. Yeast organisms which cause monilial infections are everywhere. Although they can be spread from one person to another, people usually catch it from themselves. Usually the organisms are already on the body waiting for the right conditions. When skin is wet and a little raw (such as in diaper and groin areas), the yeast can invade the skin and start spreading. Yeast infections can also occur after treatment with antibiotics for other conditions.

Many infants get candida infections from their mothers during birth. Many of those who escape this infection soon acquire candida from close contacts with other family members, relatives and friends. These early exposures may result in an oral infection (thrush).

In most persons, these infections run their course and then heal. However, in newborns or persons with weak immune systems, this yeast can cause more serious or chronic infections.

When Should People with this Illness Be Excluded?

Since most persons are already infected with candida, children with thrush and candida diaper rash need not be excluded from child care as long they are able to participate comfortably. If children have diaper rashes which last more than one to two days, ask the parents to see their health care provider for diagnosis and treatment. The child's health care provider will prescribe medication (drops for mouth, cream for the diaper area). High absorbency disposable diapers may help keep the skin dry. Plastic pants that do not allow air to circulate over the diaper area should not be used, although the diapering system should be able to hold urine or liquid feces.

How Can I Limit the Spread of these Infections?

Child care providers should follow good hygiene. This includes careful hand washing and disposal of nasal and oral discharges of children with thrush in order to avoid spread of infection to children who are not already infected.

PINWORMS

What Are They?

Pinworms are tiny worms that commonly infect children and live in the lower intestine. The female worms (resembling short, white threads less than half an inch long) come out through the anus at night and lay their microscopic eggs around the opening.

What Are the Symptoms?

In some people this causes intense itching; in others, nothing. Symptoms include anal itching, sleeplessness, irritability and anal irritation due to scratching. Pinworms are common in school-aged children. Pinworms do not cause teeth grinding or bedwetting and are not dangerous, just irritating.

Who Gets Them and How?

It is estimated that five to 15 percent of people in the United States have pinworms at any one time (the rate is higher in other countries). Preschool and school-aged children frequently have pinworms, and members of an infected child's household can become infected and re-infect a treated child. Pinworms are spread when an uninfected person touches the anal area of an infected person (e.g., during diaper changing), or sheets or other articles contaminated with pinworm eggs, then touches the mouth, transferring the eggs, and swallows the eggs. An infected person can spread pinworms by scratching the anal area, then contaminating food or other objects which are then eaten or touched by uninfected persons. Pinworms can be spread as long as either worms or eggs are present. Eggs can survive up to two weeks away from a human host. People can also keep re-infecting themselves by swallowing eggs that are on their own hands.

A health care provider can make the diagnosis by asking the parent to apply the sticky side of transparent tape around the anal area so any eggs on the skin will stick to it. This is best done first thing in the morning before bathing. The tape is then placed sticky side down on a slide and examined under a microscope to see if there are any eggs.

Several medicines are available for treatment of this infection. Often the health care provider will treat the whole family if one person in the home is infected, and will repeat treatment two weeks later.

When Should People with this Illness Be Excluded?

Children and adults should be excluded ONLY until treatment has begun (initial dose).

Where Should I Report It?

Notify parents and staff so that they may watch for symptoms in themselves and their children.

How Can I Limit the Spread of Pinworms?

- In addition to following hand washing and cleanliness procedures, child care facilities should be sure each child uses only bedding and clothing that has that child's name on it.
- Each child's clothing should be stored separately in plastic bags and sent home for laundering. Clean and disinfect bathroom surfaces.

RINGWORM (TINEA)

What Is It?
Ringworm (or tinea) is a mild and common fungal infection of the skin, scalp, feet or nails.

What Are the Symptoms?
On the skin, ringworm appears as a flat, growing, ring-shaped rash. The edges of the circle are usually reddish and may be raised, scaly and itchy. Another type of ringworm fungus can cause the skin to become lighter in flat patches, especially on the trunk and face. On the scalp, infection begins as a small bump and spreads outward, leaving scaly patches of temporary hair loss. On the feet, the skin between the toes scales and cracks, and blisters may be seen. On the nails, a chronic infection can cause thickening, discoloration and fragility.

Who Gets It and How?
Ringworm is spread by direct contact with a person or animal infected with the fungus. It can also be spread indirectly through contact with articles (such as combs or clothing), or with surfaces which have been contaminated with the fungus. A child with ringworm is infectious as long as the fungus remains present in the skin lesion. The fungus is no longer present when the lesion starts to shrink.

These infections can often be diagnosed by their typical appearance. Occasionally, scrapings of suspicious skin may be examined under the microscope or cultured to see if a ringworm fungus is present. An antifungal ointment is usually applied to the skin for several weeks. Occasionally, antifungal medicine is taken by mouth, particularly if the diagnosis is ringworm of the scalp.

When Should People with this Illness Be Excluded?
There is no need to exclude children/staff with these common, mild infections once treatment has been started. Refer persons with a suspicious rash to their health care providers for appropriate diagnosis and treatment and allow them to return as soon as treatment has begun.

Where Should I Report It?
Notify parents and staff if more than one person at the facility develops ringworm.

How Can I Limit the Spread of Ringworm?

- Keep lesions covered, if possible.
- Observe good hand washing technique among all children and adults.
- Keep the child care environment as clean, dry and cool as possible, since ringworm fungi grow easily on moist, warm surfaces.
- Keep feet clean and dry.
- Pets with skin rashes should be evaluated by a veterinarian. If the pet's rash is caused by fungus, children should not be allowed to come in contact with the pet until the rash has been treated and heals and the pet has been bathed.
- Don't share combs, brushes, towels or bedding.
- Dry skin thoroughly after washing.
- Clean and disinfect bathroom surfaces and toys daily.

ROSEOLA (SIXTH DISEASE)

What Is It?
Roseola is a common rash in infants caused by a virus.

What Are the Symptoms?
Symptoms include a high fever that lasts for three to five days, runny nose, irritability, eyelid swelling and tiredness. The high fever can occasionally cause febrile seizures in certain infants. When the fever breaks, a pink, patchy rash appears over the neck, chest and body and lasts several days.

Who Gets It and How?
It is most common in young children under the age of two. Roseola is spread from person to person, but it is not known how. Roseola is not very contagious; usually, it goes away without any treatment.

When Should People with this Illness Be Excluded?
A child with fever and rash should be excluded from child care until seen by a health care provider. A child with rash and no fever may return to child care.

ROTAVIRUS INFECTIONS
(Viral Gastroenteritis of Infants and Children)

What Is It?

Rotavirus is a common cause of seasonal diarrhea in infants and young children. Almost all children have had rotavirus infection by the time they are four or five years old. In the U.S., rotavirus causes outbreaks of diarrhea during the winter months, and it is a special problem in the child care setting and children's hospitals.

What Are the Symptoms?

In children ages three months to two years, rotavirus is one of the most common causes of gastroenteritis causing diarrhea. Children with a rotavirus infection have fever, nausea and vomiting, and watery diarrhea. After two days, the fever and vomiting usually stop, but the diarrhea can continue for five to seven days. As with all viruses, some rotavirus infections cause few or no symptoms, especially in adults.

Children with rotavirus infection can become dehydrated if they lose too much body water due to vomiting and watery diarrhea. Check for signs of dehydration including dry lips and tongue, dry skin, sunken eyes, fewer than six wet diapers a day, or (in an older child) too few trips to the bathroom to urinate. Ask the parent to call the health care provider immediately if you see any of these signs. Infants can dehydrate quickly.

Who Gets It and How?

Rotavirus is present in the stool of the infected person before the onset of diarrhea and can persist for 10 to 12 days after the onset of symptoms. Transmission is by the fecal-oral route. Rotavirus can be found on toys and hard surfaces in child care centers, indicating that they may serve as a mechanism of transmission. Respiratory transmission also may have a role in disease spread, and transmission within families and institutions is common. It is an important cause of acute gastroenteritis in children attending child care, and outbreaks have been reported. The rate of hospitalization from rotaviral diarrhea in infected children can be as high as 2.5 percent.

When Should People with this Illness Be Excluded?

Children with rotavirus infection in whom stool cannot be contained by diapers or toilet use should be excluded from the child care facility until diarrhea ceases.

Where Should I Report It?

Report cases of rotaviral diarrhea to parents and staff. Report outbreaks to local health authorities. Individual cases are not reported.

How Can I Limit the Spread of Rotavirus Infections?

- Follow universal precautions and proper procedures for diapering, toilet use and toilet training.
- Proper hand washing procedure is the single most important measure for preventing infection.
- Children with rotaviral diarrhea in whom stool cannot be contained by diapers or toilet use should be excluded from child care centers until diarrhea ceases.
- Clean and disinfect surfaces.
- The Centers for Disease Control and Prevention (CDC) has recently recommended that health care providers stop administering the rotavirus vaccine while risks associated with it are being evaluated. The vaccine has been linked to bowel obstruction.

SALMONELLA

What Is It?

The salmonella group of bacteria are a common cause of diarrheal illness among persons in the United States. These bacteria are often found in the digestive tract of a variety of animals as well as humans.

What Are the Symptoms?

Persons with salmonella infections often experience fever, stomach cramps, nausea and vomiting in addition to diarrhea. Symptoms may remain for two weeks or more but are usually gone within a week. These symptoms usually develop a day or two after bacteria are accidentally swallowed and may disappear untreated in two to five days. Bacteria may be present in the stool for several weeks after the diarrhea is over. Very rarely, salmonella causes a blood stream infection or infects a part of the body (such as a joint). People who do not have diarrhea but are passing salmonella bacteria in their stools are called carriers.

Who Gets It and How?

Salmonella is present in the feces of ill and recently recovered persons, and infections may be spread from person to person. However, outbreaks in child care settings are rare and most persons are believed to have acquired their infections from contaminated food. Some foods, such as chicken, come from naturally infected sources while others, such as tomatoes and some vegetables, are contaminated during processing. Food handlers may also contaminate food if they are infected or do not practice good hygiene in preparing food. An ordinarily safe food, such as baked goods, may become contaminated from juices of uncooked foods such as poultry. Although it has been known that salmonella may be present in cracked eggs for some time, only recently salmonella has been found in uncooked whole eggs. In addition to foodborne illnesses, pets, especially animals such as turtles, lizards and birds, often carry salmonella in their digestive tracts.

When Should People with this Illness Be Excluded?

Each case of salmonella must be considered separately. A health care provider should be consulted. The decision will be based on whether the carrier is a child or staff member, on the type of strain of salmonella, and on the age of the child and risk of communicability. The decision to do a laboratory check for the carrier status of healthy child care attendees depends on the strain of salmonella being carried. It is common policy to have three negative (normal) stool cultures before you can say that someone is clear of the infection and is no longer a carrier.

Where Should I Report It?

Notify parents and staff if a child or staff member is diagnosed with salmonella. Notify your health consultant and your local health department. Make family and household members in contact with a person with salmonella diarrhea aware of their possible exposure to this bacteria, especially if they are involved in food handling or preparation. If they develop diarrhea, they should immediately see their health care provider and get a stool culture.

How Can I Limit the Spread of Salmonella?

While child care providers are most likely to encounter this condition as a result of infection outside their facility, they need to be aware of good hygiene and food handling practices to prevent foodborne illness from occurring within their facility. Additionally, providers may reduce the likelihood of salmonella infection by:

- Making sure that children wash their hands after handling animals and cleaning their cages or pens. Because of the risk of salmonella infection, turtles, lizards and other reptiles should not be kept as pets in child care centers.
- Limiting the serving of snacks and treats prepared outside the facility and served for special occasions to those from commercial sources. Home-prepared snacks may not only be prepared under less than optimal circumstances, but may be transported and stored under conditions that will allow bacteria to grow. Avoid food containing raw eggs, including homemade ice cream made with raw eggs.
- Make sure that lunches brought from home are refrigerated when necessary. These include meals containing raw vegetables as well as those with meats. Dairy products and liquid formula should also be kept refrigerated in order to limit the growth of bacteria, including salmonella.

SCABIES

What Is It?
Scabies is a skin infection caused by a tiny (microscopic) bug called a mite. The mite burrows into the skin, causing a rash.

What Are the Symptoms?
The skin rash caused by scabies is without accompanying illness. The rash begins as an itchy, raised and usually red rash. Although it is most commonly found around fingers, wrists and belt line, the rash can occur anywhere on the body below the face. In infants and young toddlers, the rash may look different, and can also occur on the face or scalp.

Who Gets It and How?
Only humans carry the mites causing scabies. It can be carried by people from all socioeconomic levels without regard to age, sex or standards of personal hygiene. Because mites can survive only briefly if not on the human body, you can only get scabies from direct contact with another person or by sharing an infected person's clothes. A person may not develop the rash until four to six weeks after exposure.

Over-the-counter insecticide lotion treatments are available for killing the mites. Young children suspected of having scabies should see a health care provider, as should persons with extensive skin disease.

When Should People with this Illness Be Excluded?
If a child is suspected of having scabies, the child should be separated from skin contact with other children for that day. Adult contacts should wash their hands. The child should not return to the group until diagnosed and treated for 24 hours prior to re-entry. Household members should be checked and treated at the same time if necessary.

Where Should I Report It?
Notify any other adults or the parents of children who may have had direct contact with the infected person. Other providers and children and their families may have been infected, and may need treatment.

How Can I Limit the Spread of Scabies?

- Look for the signs of scabies in the morning check, and refer suspected cases for evaluation and treatment.
- Do not share hats and jackets.
- Keep personal clothes and bedding separate.
- Launder clothes, towels and bedding in a machine, and dry in a hot dryer or press with a hot iron.
- For non-washable items, dry clean or seal in a plastic bag for four to seven days.
- Vacuum carpets, upholstered furniture and car seats.

SHIGELLOSIS

What Is It?
Shigellosis is a diarrheal illness caused by the *Shigella* group of bacteria.

What Are the Symptoms?
Illness generally begins one to four days after accidental swallowing of the bacteria. Depending on the infectious dose, infection with *Shigella* may be very mild or it may result in severe bloody diarrhea, fever, cramping, nausea and vomiting. Numerous outbreaks have been reported from child care settings. Children may spread infections acquired in child care facilities to their parents and siblings, and whole families may be ill within a matter of days. Deaths have been reported from this illness: it is one of the more serious infections providers are likely to encounter in the child care setting.

Although symptoms usually disappear without treatment after four to seven days, bacteria may still be passed out in the stool for several more weeks.

Who Gets It and How?
Shigellosis is most common in children under five and can be a significant problem in child care facilities. Only a few bacteria are needed to cause an infection and, unlike many of the diarrheal agents in child care settings, *Shigella* may spread through groups of children who are toilet trained as well as through groups of children who are in diapers.

Infection is spread by the fecal-oral route. It is spread when diarrheal stools get on hands or objects and then onto other children's hands and mouths. It can also be spread through stool-contaminated food, drink, or water.

Children and adults who have *Shigella* in their stool should receive antibiotic medication which shortens both the duration of the illness and the length of time that bacteria are passed with the stools.

When Should People with this Illness Be Excluded?
The child should not attend child care and return to group until completion of five days of antibiotics or until two successive stool cultures are negative.

Where Should I Report It?
Notify your local health department, parents and staff.

How Can I Limit the Spread of Shigellosis?
If you suspect a case of shigellosis in your child care facility:

- Contact your state or local health department. Prompt intervention may help prevent the spread of shigellosis to others. Your health department should be in a position to give assistance and advice.
- Exclude the ill child and any children who subsequently develop diarrhea from child care until they no longer have diarrhea and have been shown to be free of the *Shigella* bacteria.
- Make sure all children and adults use careful hand washing and that staff are practicing good diapering practices.
- Make sure procedures for cleaning and disinfecting toys are being followed, and that toys are being cleaned and disinfected between uses by children who are likely to put them in their mouths, especially in groups where there have been ill children.
- Notify parents of children in the involved classroom of the illness. Ask that they have any child with diarrhea, vomiting or severe cramping evaluated by a health care provider, and that they inform you of diarrheal illness in their child and family. Explain to them the value of hand washing with soap and running water in stopping the spread of infection in the home. In the event of an outbreak, your health department may recommend a more extensive notification of parents.

STREP THROAT AND SCARLET FEVER

What Are They?

A variety of infections, including strep throat, scarlet fever and impetigo are caused by Group A *Streptococci* bacteria.

What Are the Symptoms?

- **Strep throat** infections are characterized by a very red, painful throat often accompanied by fever, tender and swollen glands, headache and stomach ache. Sometimes a strep throat will be accompanied by coughing or a runny nose. Note, however, that the vast majority of sore throats in children and adults are caused by cold viruses, not strep bacteria.
- **Scarlet fever** is a type of streptococcal infection characterized by a skin rash. The rash usually consists of fine, red bumps that feel sandpapery and appear on the neck, chest, groin and/or inner surface of the knees, thighs and elbows. It may last only a few hours. Other scarlet fever symptoms include flushed cheeks, paleness around the mouth and a red tongue which resembles the surface of a strawberry. Scarlet fever is no more serious than strep throat.
- **Rheumatic fever** (abnormalities of the heart valves and swelling of the joints) can develop five to six weeks after the occurrence of any type of strep infection which goes untreated. In rare instances, kidney disease can also follow an untreated strep infection. Therefore, it is very important that all cases of strep infections be referred to health care providers for treatment.

Who Gets Them and How?

Strep throats occur most frequently in children above the age of three (and in adults) during the colder months and in crowded situations. If one person in a family gets strep throat, usually other family members also get it. The Group A *Streptococci* are transmitted from one person to another through direct contact with the respiratory discharges of infected persons. The symptoms will appear two to five days from the time of exposure. Strep throat is probably contagious before symptoms appear and continues to be infectious until treated for 24 hours.

When Should People with this Illness Be Excluded?

- Persons who have a positive strep culture should stay home.
- Persons who are only mildly ill can continue to attend the facility while awaiting the results of a strep culture, IF the doctor has not begun antibiotic treatment. If the culture proves to be positive, send the person home.
- Persons with strep may return to child care after they have had at least 24 hours of antibiotic medicine. The facility will have to make sure that every dose of the antibiotic needed during child care hours is taken for the next 10 days.

How Can I Limit the Spread?

- Make sure all children and adults use careful hand washing.
- Teach children to cough and sneeze into their elbow, wipe noses with clean tissues, throw the tissue into the wastebasket, and wash hands.
- Do not allow food to be shared.
- Do not kiss children on the mouth.
- Open windows indoors and maximize outdoor play.
- Parents who become aware that their child has strep throat or scarlet fever should inform caregivers within 24 hours.

TUBERCULOSIS (TB)

What Is It?

Tuberculosis is a serious respiratory infection caused by bacteria called *Mycobacterium tuberculosis*.

What Are the Symptoms?

You should know the difference between the two stages of TB: (1) TB infection means having the TB germ in the body without being sick, and (2) active TB or TB disease means having the germ and also being sick from it, with the symptoms of active TB.

Persons with active TB have symptoms such as a cough that won't go away, a cough that brings up blood, a fever lasting longer than two weeks, night sweats, feeling very tired, or losing a noticeable amount of weight. The TB skin test cannot show active TB: active TB must be diagnosed by a health care provider, based on a physical exam, a chest x-ray, and laboratory tests. The treatment for active TB usually involves taking at least three different drugs for at least six months, and it usually cures the TB.

Who Gets It and How?

TB is transmitted by respiratory discharges when an infected person has the active disease. These germs can be spread through the air when a person with TB disease coughs, sneezes, yells or sings. Children, although they may be infectious, are usually not as likely as adults to transmit TB to others. TB is not spread by objects such as clothes, toys, dishes, walls, floors and furniture. Active disease can cause damage to the lungs and occasionally can spread to other parts of the body such as the bones, brain and kidneys.

Most often the disease is inactive. This means that the bacteria has entered a person's lungs and is contained, so that it does not cause damage and is not contagious. Young children or people with immune problems are especially vulnerable.

When a child has TB infection, it means that the child was infected by an adult with active TB, often a person in the home. Most persons who have TB infection do not know it because it does not make them sick. A person with only TB infection cannot spread TB to others and does not pose an immediate danger to the public.

TB infection is diagnosed only by the TB skin test. This safe, simple test is given at most local health departments. A small injection is made under the skin, usually on the forearm. In persons who are infected with the TB germ, the skin test causes a firm swelling in the skin where the test was given. After one or two days, a health care provider reads the results of the TB skin test.

When Should People with this Illness Be Excluded?

A person with active disease should stay home until a health care provider determines the disease is no longer contagious. Adults are more likely than children to be contagious. Although most people with a positive TB test never develop symptoms, they may develop active disease many years later. An active case of TB that occurs within the child care program should be reported to the health department.

How Can I Limit the Spread of TB?

- All caregivers, including all volunteers and members of a family in a family child care setting, are required by child care regulations to be tested for TB prior to employment. It is recommended that they be tested every four years after that. They should follow the recommendations of their local health department for the frequency of tests.
- In the United States, TB is more common in some populations, for example immigrants coming from Asia, Africa and Latin America and medically underserved minority populations. However, overall, TB infection in children younger than five years old is rare. **Therefore, TB skin testing of all children in child care is not useful**. However, a local health department may decide to test children who have more risk for infection. Some programs (e.g., Head Start) and some states require children to have a TB skin test before they can attend.

WHOOPING COUGH (PERTUSSIS)

What Is It?
Whooping cough is a serious respiratory infection caused by a bacteria that is highly contagious. It gets its name from the whooping sound the child makes when trying to draw breath after a coughing spell. It can be prevented by immunization.

What Are the Symptoms?
Symptoms generally include those of a cold, such as runny nose and a cough that gradually worsens. Violent coughing spells frequently end with vomiting. The coughing can lead to severe episodes or fits of coughing in which children gasp (or whoop) for breaths of air. It is a very serious disease for children under six months, as they may develop other complications that require hospitalization such as pneumonia, ear infections and swelling of the brain.

Who Gets It and How?
Whooping cough is very contagious and dangerous. It is spread from person to person through the air. A person who is not immune to whooping cough becomes infected by breathing air that has been contaminated with the respiratory discharges of an infected person who has coughed. Adults and partially immunized children get milder symptoms of the disease and can transmit it to children.

Before vaccines and antibiotics were developed, whooping cough was a common cause of death in young children. Today, it is vaccine preventable. Children in the United States are now immunized with the whooping cough vaccine beginning at two months of age and again at four months, six months, 15 months, and four to six years. All children attending a child care facility should be up to date on vaccinations.

When Should People with this Illness Be Excluded?
Exclude the infected person from the facility until that person has been on antibiotics for at least five days or for four weeks after onset of intense coughing.

How Can I Limit the Spread of Whooping Cough?

- Require up-to-date immunization certificates for all children in your care.
- Notify the health department and other contacts.
- Always practice precautions to reduce respiratory infections such as hand washing, coughing into elbow or sleeve or away from people, disinfecting the environment and good air quality.
- In large facilities, follow appropriate group separation.
- Carefully monitor all children and staff for coughs. Anyone developing a persistent cough should be immediately referred to his or her health care provider.

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Section 4

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